



OLD DOMINION UNIVERSITY

The Graduate School

Result of Doctoral Examination or Requirement

D3

An updated copy of this form shall be submitted immediately following completion of EACH examination/requirement.

Student's Name: _____ UIN#: _____

College: _____ Degree and Program: _____

This is to certify that the student above took the examination(s) checked below:

(Signatures of appropriate chair or examiner or committee members required for all examinations.)

	Pass/Fail	Chair Examiner (Print)	Signature	Date
Diagnostic Examination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____
Research Skills Examination (Specify Skill)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____
Foreign Language Skill	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____
Completion of Coursework	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____
Candidacy Examination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____
	Oral ____ Written ____ Both ____			
Dissertation Prospectus	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____
Dissertation Defense Examination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____
Other _____ (Specify Requirement)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____

Remarks:

Working Dissertation Title:

Committee Members' Signatures:

Graduate Program Director:

Name Signature Date

Please send electronically to the Office of the University Registrar at etd@odu.edu.

Copies: Graduate Program Director
Committee Chair
VISA (intlstu@odu.edu) for F-1 and J-1 Visa Holders ONLY
Student

Doctoral Form: D3
(Rev. 08/2019)