From: (Departmental Chairperson or Graduate Program Director)
To: Graduate Dean
Subject: Doctoral Language Examination
Date:

This will inform you that __________________________ (student's name and student identifier) has __________________ the Doctoral Language Examination in __________________________ (language) at the journal level on __________________________. The examination was administered by __________________________ (person conducting the examination) on __________________________ (date). The student has now completed __________________________ (all/part) of the language requirement for the Doctor of Philosophy degree in the __________________________ (department/school).

________________________
(signature)

________________________
(typed name and title)

This is a Sample Form – Please do not photocopy it. Your department should type an original memorandum.
From: (Departmental Chairperson or Graduate Program Director)
To: Graduate Dean
Subject: Doctoral Preliminary Comprehensive Examination
Date:

This will inform you that ________________________________ (student's name and student identifier)
has ______________________ the Doctoral Preliminary Comprehensive Examination in
________________________ on ____________________.

(program name) (date)

The members of the committee were:

(list names of members)

____________________________
(signature)

____________________________
(typed name and title)

—This is a Sample Form – Please do not photocopy it.—

Your department should type an original memorandum.
From: (Departmental Chairperson or Graduate Program Director)
To: Graduate Dean
Subject: Doctoral Dissertation Committee for ____________________________
       (student's name and student identifier)
Date:

I recommend the following Graduate Faculty Members to serve as the Doctoral Dissertation Committee for ____________________________:
       (student's name)

1. ____________________________ , Chairperson
   (name)

2. ____________________________ , Member
   (name)

n. additional members,

3. ____________________________ , Outside Member,
   (name)

   ____________________________
   (department of outside member)

   ____________________________
   (signature)

   ____________________________
   (typed name and title)

This is a Sample Form – Please do not photocopy it.

Your department should type an original memorandum.
TITLE

A Dissertation Outline Presented by

NAME IN FULL

Approved as to style and content by:

(signature)
(Chairperson's name typed)

(signature)
(Members name typed)

(signature)
(Member's name typed)

(signature, Department Chairperson or Graduate Program Director)

[typed name and department]

Original Signatures are Required

This is a Sample Form – Please do not photocopy it.
An original should be typed.
From: (Departmental Chairperson or Graduate Program Director)
To: Graduate Dean
Subject: Final Doctoral Oral Examination for ________________________________ (student's name and identifier)
Date:

I recommend that an oral examination for ________________________________ (student's name)
candidate for the ________________________________ degree, be scheduled.
   (Ph.D., Ed.D., 5-College Ph.D.)

Day of Week: ___________________________________________________________________
Date: _________________________________________________________________________
Time: _________________________________________________________________________
Place (room number and building): _____________________________________________________________________
Major: _________________________________________________________________________
Committee Chairperson: _________________________________________________________________________
Title of Dissertation: _________________________________________________________________________

The student’s dissertation has been received and examined by all members of the Dissertation Committee and their approval has been given to conduct this examination.

__________________________________________
(signature)

__________________________________________
(typed name and title)

Note: This form must be received at the Office of Degree Requirements, 534 Goodell Building, at least THREE WEEKS prior to the recommended examination date to allow time for publication in the Campus Chronicle. This is a sample form, please do not photocopy it.
From: (Departmental Chairperson or Graduate Program Director)  
To: Graduate Dean  
Subject: Final Doctoral Oral Results  
Date:  

This will inform you that ____________________________ (student's name and student identifier) has ________________________ the Final Oral Examination for the ____________________________ (passed/failed) (Ph.D., Ed.D., 5-College Ph.D.) degree in ____________________________ on ____________ (program name) (date).  

The Dissertation Committee members conducting the examination were:  

___________________________ (list names of members)  

___________________________ (signature)  

___________________________ (typed name and title)  

This is a Sample Form – Please do not photocopy it.  
Your department should type an original memorandum.