UMass Amherst | College of Education

Doctoral Form D-9
RESULTS OF FINAL ORAL EXAMINATION

Please type (handwritten forms will not be accepted):

Student's Name	Spire ID Number
Local/Cell Phone Number	**Email Address**

Concentration:_____

FROM: Dissertation Committee

TO: Dean of Graduate School via Dr. Nina Tissi-Gassoway, Graduate Program Director
This is to inform you that a final oral examination for the Ed.D./Ph.D. degree was administered to the above named candidate. Members of the committee and decision are recorded below.

DISSERTATION COMMITTEE:

FULL NAME	SIGNATURE	DATE
Committee Chair/ Co-chair		
Committee Co-chair (optional)		
Committee Member		
Committee Member		
Committee Member (optional)		
Committee Member (optional)		

Date of Exam _____ **PASS** ☐ **FAIL** ☐

Approved:

Dr. Nina Tissi-Gassoway, Graduate Program Director	Date

Immediately after the examination, the original form is to be filed with the Office of Academic Affairs (Furcolo Hall). Candidates must observe both the College of Education and Graduate School graduation deadlines.