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|---|------|----------------|------|
|   |      |                |      |
| Candidate Name                                    |      | Student ID     |      |
| Department  |      | Degree Program |      |
| PH.D. EXAMINATION COMMITTEE                       |      |                |      |
| Name  |      | Signature      |      |
| Name  |      | Signature      |      |
| Name  |      | Signature      |      |
| Name  |      | Signature      |      |
| Name  |      | Signature      |      |
| Name  |      | Signature      |      |
| Pass or Fail on Ph.D. Examination                 | Pass |                | Fail |
| Remarks   |      |                |      |
| APPROVED BY                                       |      |                |      |
|   |      |                |      |
| Adviser/Departmental Director of Graduate Studies |      | Date           |      |