

**URI-RIC PH.D. PROGRAM IN EDUCATION
Results of Oral Comprehensive Examination**

TO: Dean, Graduate School - URI

DATE: _____

FROM: _____
Major Professor

RE: _____
Student

URI Student ID #

Student Email Address

The Doctoral Committee has given the examination to this student on _____ in partial fulfillment of the requirements for the Ph.D. Program in Education. (date)

1. _____ Passed satisfactorily.
2. _____ Failed. The committee recommends a re-examination to be taken after additional study. Please attach a brief description of the work that will be required prior to the re-examination.
3. _____ Failed. The committee recommends dismissal from the Program.

This report must be signed by all examining committee members and endorsed by the Graduate Program's Co-Directors before submitting it to the Dean of the URI Graduate School.

Major Professor (Examination Chair) Signature

Ph.D. Committee Member Signature

Ph.D. Committee Member Signature

Ph.D. Committee Member Signature

Outside Examiner Signature

URI Co-Director Signature

RIC Co-Director Signature