

URI-RIC PH.D. PROGRAM IN EDUCATION
Results of Written Comprehensive Examination
(Also used to schedule oral examination at bottom of form)

To: The Graduate Dean - URI

From: _____
Major Professor Signature

Re: _____
Student Name

Student URI 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. 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 Ph.D. in Education Co-Directors before submitting it to the Dean of the URI Graduate School.
For clarity, please print the names below the lines for the written signature.

Question 1: _____
Ph.D. Committee Readers (a third reader is used when the first two disagree)

Question 2: _____
Ph.D. Committee Readers (a third reader is used when the first two disagree)

Question 3: _____
Ph.D. Committee Readers (a third reader is used when the first two disagree)

Request to Schedule the PhD Oral Comprehensive Examination:

(Submit at least 10 working days in advance to URI Graduate Dean who will formally schedule the exam.)

Please schedule the oral comprehensive examination for this student at:

_____ on _____ in _____
Time Date Location

URI Co-director Signature

RIC Co-director Signature