OLD DOMINION UNIVERSITY

The Graduate School

Result of Doctoral Examination or Requirement

D3

An updated copy of this form shall be submitted immediately following completion of EACH examination/requirement.

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College: ______________________________ Degree and Program: ______________________________

This is to certify that the student above took the examination(s) checked below:

(Signatures of appropriate chair or examiner or committee members required for all examinations.)

	Pass/Fail	Chair Examiner (Print)	Signature	Date
Diagnostic Examination	† Pass † Fail † Fail	____________	____________	e®ÌÑ@ † Pass ______
	† Pass † Fail	____________	____________	______
(Specify Skill) Foreign Language Skill Completion of Course Á } Œ l Candidacy Examination	Oral ____ Written ____ Both ____			
Dissertation Prospectus	† Pass † Fail	____________	____________	______
Dissertation Defense Examination	† Pass † Fail	____________	____________	______
Other ____________ (Specify Requirement)	† Pass † Fail	____________	____________	______

Remarks:

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Working Dissertation Title:

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Graduate Program Director:

______________________ ______________________ ______________________

Name Signature Date

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Copies: Graduate Program Director
Committee Chair
VISA ( ] v š o • š µ › } (µ X F-1 and J-1 Visa Holders K E > z
Student

Doctoral Form: D3
(Rev. ì ô l î ì í õ)