



University of Connecticut

Graduate School

Whetten Graduate Center, 438 Whitney Road Ext., Unit 1006, Storrs, CT 06269-1006

Telephone: (860) 486-3617 * Facsimile: (860) 486-6739 * www.grad.uconn.edu

**Report on the
Final Examination
for the Doctoral Degree**

Submit this report to the Graduate School immediately following the examination. The report must be submitted whether the examination, as a whole, has been passed or failed. The original should be submitted to the Graduate School and a copy is to be retained by your major advisor. In any event, it must be submitted no later than the appropriate August, December, or May conferral date. *If the report is submitted after the appropriate deadline, your degree will not be conferred until the following conferral date.*

Last _____, First _____ Middle Initial _____

Student ID# (seven digits)

Email Address

Phone Number

Field of study

Date received by Graduate School

1. Final Examination

a. Date given:

b. Faculty members participating (minimum of five, including members of advisory committee, please print or type names)

2. Results of the Examination:

3. Comments:

[Large empty box for comments]

Date:

Advisory Committee

Advisor's name typed or printed

Signature

Major Advisor

Associate Advisor

Associate Advisor

Associate Advisor

Associate Advisor

