

**THE GRADUATE COLLEGE  
EAST STROUDSBURG UNIVERSITY**

**COMPREHENSIVE EXAMINATION AND FINAL ORAL EXAMINATION**

**NOTIFICATION AND REPORT**

**NOTIFICATION:** ( Choose one)  COMPREHENSIVE  FINAL ORAL

Candidates's Name: \_\_\_\_\_ Major Field: \_\_\_\_\_

SS#: \_\_\_\_\_ Exam Date: Month day Year  
(Day Needed)

**PLAN OF STUDY SUBMITTED:**  Yes  No  
If No, please submit one with this form.

Time: \_\_\_\_\_

Place: \_\_\_\_\_

**FOR FINAL ORAL EXAM.:**  Thesis Title  Independent Research Topic

Research Topic Reviewed  
**(Chair's Initials):** \_\_\_\_\_ **Advisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Graduate Coordinator's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

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**REPORT:**

**FINAL ORAL EXAMINATION**

Examination Committee: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

- CHAIRPERSON

**REPORT:**

**COMPREHENSIVE EXAMINATION**

Satisfactory: \_\_\_\_\_ Unsatisfactory: \_\_\_\_\_

Has Student previously failed the examination?  No  Yes

Signed: \_\_\_\_\_  
Graduate Coordinator or Program Chair

\_\_\_\_\_ Date

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**FOLLOWING EXAMINATION, SEND ORIGINAL COPY OF REPORT TO GRADUATE COLLEGE.**

CC: Student  
Each Examiner  
Student's Departmental File

9/18/08