

# Recommendation for Degree

<b>Oral Examination Results</b>
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We hereby concur that (Name) \_\_\_\_\_ ID \_\_\_\_\_

Has, on (Date) \_\_\_\_\_, completed the oral comprehensive examination as a requirement for the

degree of \_\_\_\_\_, with a major in \_\_\_\_\_

Pass      Fail

\_\_\_\_\_  
Chair      (Print and Sign Name)      \_\_\_\_\_  
Date

Pass      Fail

\_\_\_\_\_  
Committee Member 1 (Print and Sign Name)      \_\_\_\_\_  
Date

Pass      Fail

\_\_\_\_\_  
Committee Member 2 (Print and Sign Name)      \_\_\_\_\_  
Date