

PhD Final Exam Form

Name (First Last):*		uNID:*		
Dissertation Title:*				
Final Exam Date:*	Result:*	Passed	Failed	
All members of you	ır supervisory committed	e must sign this f	form	
Committee Chair:*				
Member:*				
Students must submit at least two first-authoresearch and your faculty advisor must be lis		-reviewed journa	al. It must be based on yo	u
Click the check box if you have If not, please attach the email			s.	
Citation 1:				
Citation 2:				