



WAKE FOREST

UNIVERSITY

GRADUATE SCHOOL of
ARTS & SCIENCES

Notification of Result of Final Oral Examination

Student Name: _____

Graduate Program: _____

Candidate for: ___ Ph.D. ___ M.A. ___ M.S. ___ M.A.L.S.

Thesis/Dissertation Title: _____

Date of Examination: _____

Result of Examination:

___ Pass

___ Pass Upon Rectifying Minor Deficiencies (as defined by the committee)

___ Pass Upon Rectifying Major Deficiencies (as defined by the committee)

___ Fail

Examining Committee:

Chair: _____

Advisor: _____

Committee: _____

Signature of Committee Chair

Date

Once completed please return to the appropriate Graduate School Office:

- Bowman Gray campus: Suite 150, 525@Vine
- Reynolda campus: 118A Reynolda Village