



WAKE FOREST

UNIVERSITY

GRADUATE SCHOOL of  
ARTS & SCIENCES

## Notification of Result of Final Oral Examination

Student Name: \_\_\_\_\_

Graduate Program: \_\_\_\_\_

Candidate for:    \_\_\_ Ph.D.    \_\_\_ 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

Please return completed form to Denise Wolfe, Graduate School Office: [dewolfe@wakehealth.edu](mailto:dewolfe@wakehealth.edu)

- Bowman Gray campus: Suite 150, 525@Vine