PhD Oral Exam Certification

Student Name: ____ Date: __________

This is to certify that this student has been examined by the undersigned in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

Recommendations:

Dissertation Chair: ________________________ Signature: _________________________

Committee Member: ________________________ Signature: _________________________

Committee Member: ________________________ Signature: _________________________

Committee Member: ________________________ Signature: _________________________

Director, Doctor of Philosophy program

Signature: _____________________________ Date: ________________________