

SOUTHERN METHODIST UNIVERSITY

Office of Research and Graduate Studies
Dissertation Candidates
Ph.D. Examination Report Form

(Please type or print)

Candidate's Name

\_\_\_\_\_

Department

\_\_\_\_\_

Dissertation Subject

\_\_\_\_\_  
\_\_\_\_\_

Committee Members (check appropriate box or boxes)

Table with 4 columns: Type or Print, Sign, Oral Committee, Dissertation Committee. Contains 5 rows of committee member information with checkboxes.

Pass or Failure on Examination \_\_\_\_\_

Remarks

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_
Dissertation Adviser

Date \_\_\_\_\_