BOSTON UNIVERSITY GRADUATE SCHOOL REPORT OF EXAMINATIONS

Student's last name	first	middle	ID number	Date of examination
				Month / Day / Year

Division/Department	Circle one Candidate for M.A. Ph.D.	*Indicate PASS or FAIL and circle appropriate exam in this box* PASS FAIL
Faculty members present		M.A. LANGUAGE: _____ Specify M.A. COMPREHENSIVE Ph.D. LANGUAGE: _____ Specify Ph.D. QUALIFYING Ph.D. FINAL ORAL (Defense of Dissertation)

Major Professor (Signature)	Date	Div./Dept. Chairman (Signature)	Date	Recommendation if failed
Examination Chairman (Signature)	Date	GRS Recorder	Date	

This form is to be used for all examinations of M.A. or Ph.D. candidates excluding course examinations only. Please circle examination, whether LANGUAGE (specify which language), COMPREHENSIVE, QUALIFYING, or FINAL ORAL. N.B. Comprehensive refers only to M.A. candidates. Leave blank the inappropriate spaces. PASS is to be granted only on completion of ALL portions of the examination (e.g., all required subjects, both oral and written, on the Ph.D. qualifying examination). In the case of a FAIL, please state a recommendation concerning earliest opportunity for re-examination if it is to be granted.