



Report of Examination

Please submit the completed form to the Graduate School of Arts and Sciences or via email to grsrec@bu.edu. All submitted forms must include all signatures.

Name: _____ Program: Please select
BU ID #: _____ Advisor: _____

Exam Information

Date of Exam: _____

Type of Exam:

Master's Language: _____

Specify

PASS

FAIL

Master's Comprehensive

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PhD Language: _____

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PASS

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PhD Qualifying

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Faculty Members Present:

Comments:

Required Signatures

Advisor Date

Examination Chair Date Department/Program Chair Date

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Associate Dean's Comments:

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Signature: _____ Date: _____