

BOSTON UNIVERSITY
GRADUATE SCHOOL OF ARTS AND SCIENCES

REPORT OF EXAMINATIONS

Student's Last Name		First	Middle	ID Number	Date of Examination
Division/Department/Program		<i>Check one</i> Candidate for Master's Ph.D.		<i>Indicate PASS or FAIL and check appropriate exam in this box</i> <div style="display: flex; justify-content: space-around;"> PASS FAIL </div> MASTER'S LANGUAGE: _____ <div style="text-align: right; margin-right: 50px;"><small>Specify</small></div> MASTER'S COMPREHENSIVE Ph.D. LANGUAGE: _____ <div style="text-align: right; margin-right: 50px;"><small>Specify</small></div> Ph.D. QUALIFYING Ph.D. FINAL ORAL (Defense of Dissertation)	
Faculty members present					
Major Advisor (Signature)		Date	Div./Dept./Program Chair (Signature)		Date
Examination Chair (Signature)		Date	GRS Recorder		Date
Recommendation if failed					

This form is to be used for all examinations of Master's or Ph.D. candidates excluding course examinations only. N.B. Comprehensive refers only to Master's candidates. 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 FAIL, please state a recommendation concerning earliest opportunity for re-examination if it is to be granted.