

JOHNS HOPKINS UNIVERSITY - GRADUATE BOARD
Oral Examination for the Ph.D. Degree

Exam: Preliminary Final

Department: _____

Proposed Date of Examination: _____ Hour: _____ Location: _____

Candidate's Full Name: _____ Student ID #: _____

The committee is made up of five members. There should be 2 members from "inside" your program. Select the remaining members from other JHU Ph.D. granting departments/programs, at least one of which must be of Professor or Associate ranking. Exceptions must have Graduate Board approval. Two alternates **MUST** be listed – one in each column.

Members from "inside" department:

Faculty's Name

1. _____

2. _____

"Inside" Alternate

1. _____

Members from "outside" departments:

Faculty's Name and Department

Rank

1. _____

2. _____

3. _____

"Outside" Alternate

1. _____

Proposed Examination Approved By:

Department/Program Chair Date

Graduate Board Chair Date

Report of Results

Signatures of all examiners present must appear below:

Unconditional Pass Conditional Pass (Explanation required) Fail (Explanation required)

(If additional space is needed, attach sheet.)

Chair, Examination Committee

Date of Examination

1. _____

3. _____

2. _____

4. _____

*Chairperson: send this form to School Of Nursing Registrar's Office directly following the examination
 Registrar: send a copy of the completed form to the Graduate Board Office, Homewood Campus, Shriver 28*