



Office of Graduate Studies  
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Result of Doctoral Examination  
or Requirement  
**D3**

An updated copy of this form shall be submitted immediately following completion of EACH examination/requirement.

Student's Name: \_\_\_\_\_ UIN#: \_\_\_\_\_

College: \_\_\_\_\_ Degree and Program: \_\_\_\_\_

This is to certify that the student above took the examination(s) checked below:

(Signatures of appropriate chair or examiner or committee members required for all examinations.)

	Pass/Fail	Chair Examiner (Print)	Signature	Date	GPD's Initials
Diagnostic Examination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____	_____
Research Skills Examination (Specify Skill)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____	_____
Foreign Language Skill	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____	_____
Completion of Course	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____	_____
Candidacy Examination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____	_____
	Oral ____ Written ____ Both ____				
Dissertation Prospectus	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____	_____
Oral Dissertation					
Defense Examination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____	_____
Other _____ (Specify Requirement)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____	_____

Remarks:

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

Working Dissertation Title:

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

Committee Members' Signatures:

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

Graduate Program Director:

\_\_\_\_\_  
Name Signature Date

Original: Office of the University Registrar  
Copies: Graduate Program Director  
Committee Chair  
VISA (For F-1 and J-1 Visa Holders)  
Student

Doctoral Form: D3  
(Rev. 05/15)