

## **Important Message – Please Read**

Oral examinations are major milestones, and we want yours to proceed smoothly.

If something unexpected happens the day of the exam, such as...

- *a committee member is delayed, cannot attend, or needs to leave before the examination concludes*
- *an electronic connection with a participant is problematic and cannot be resolved*
- *your major professor does not have the official paper form for reporting results*

...please call us before the examination begins. We can help resolve the situation in a way that is consistent with university policies. If you do not contact us prior to your exam, the Graduate College may not accept the exam results.

**Graduate College (294-4531)**

# Final Oral Examination Report

IOWA STATE UNIVERSITY  
**GRADUATE COLLEGE**  
 1137 Pearson Hall, (515) 294-4531  
 grad\_college@iastate.edu

All fields other than signatures must be typed

Please return this form to the Graduate College as quickly as possible following the exam

Student's Name: Last • First • Middle	University ID Number:
Department(s):	
Major(s):	
Area(s) of Specialization (as declared on POSC):	
Minor(s) (as declared on POSC):	

The committee in charge of this student's graduate work has conducted the student's final oral examination(s) for their graduate degree and reports as follows:

<b>ORAL EXAMINATION DATE:</b> _____
<b>THE COMMITTEE RECOMMENDS THAT THE STUDENT: (check one)</b> <input type="checkbox"/> <b>PASS</b> <input type="checkbox"/> <b>PASS with conditions:</b> Date for conditions to be met: _____ (No more than 6 months after final oral exam without explanation provided) <b>CONDITIONS:</b> _____ _____ _____

Conditions will remain in effect until Final Oral Exam Conditions Met form is signed by:

Major professor(s)    All members of the examining committee    Other (specify): \_\_\_\_\_

- NOT PASS:** Student permitted to retake oral after six months. A written explanation must be provided with the report form.
- NOT PASS:** Student not permitted to continue degree. A written explanation must be provided with the report form.
- If one member of the committee votes not to pass the student, the student passes, but each member of the committee must forward to the Graduate Dean in writing a justification for his/her vote. These letters will be made available to the committee at the time of the final oral examination upon request.
- If more than one member of the committee votes not to pass the student, the student does not pass the examination. Written explanations must be forwarded to the Graduate College with the report form.

Name—Major Professor(s) (typed & signed)	Student Signature
Name (typed & signed)	Name (typed & signed)
Name (typed & signed)	Name (typed & signed)
Name (typed & signed)	Name (typed & signed)

I/we dissent from the above report, and we have attached our written explanation:

# Graduate Student Approval Form

**INSTRUCTIONS:** Fill out this form after you have taken your final oral examination. Obtain the required signatures from your major professor(s) and DOGE(s). Submit the form to the Graduate College by the deadline for the term you graduate.

**ALL fields need to be TYPED except signatures (including faculty names in Required Approvals area)**

## I. STUDENT INFORMATION:

Student Name:

(Last)

(First)

(ISU ID#)

Graduation Term:

Year:

e-mail:

Current Address:

Department(s):

Major(s):

Area(s) of Specialization:

Thesis/Dissertation

Non-Thesis

Degree (check one):

Master of:

Ph.D.

Final Oral Exam Date:

## II. REQUIRED APPROVALS:

**These signatures certify that the above student has met the requirements for a master's thesis, master's non-thesis (creative component) or doctoral dissertation at Iowa State University:**

Major or Co-major Professor:

Signature:

Date:

Co-major Professor:

(if approved on POS)

Signature:

Date:

Co-major Professor:

(if approved on POS)

Signature:

Date:

Director of Graduate Education (DOGE):

Signature:

Date:

Second Director of Graduate Education (DOGE):

(if approved on POS)

Signature:

Date:

Graduate College Signature:

Date:

REC

REV

A

Copy for file



# Preliminary or Final Oral Exam Conditions Met

IOWA STATE UNIVERSITY

GRADUATE COLLEGE

1137 Pearson Hall, (515) 294-4531

grad\_college@iastate.edu

All fields other than signatures must be typed

Use this form to report that conditions on a preliminary or final oral exam have been completed.

The Graduate College must receive this form by the due date for the Graduate Student Approval form for the student's term of graduation.

## I. STUDENT INFORMATION:

**Student name:** \_\_\_\_\_ **ISU ID#:** \_\_\_\_\_

(Last)

(First)

**Department:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**Degree:** \_\_\_\_\_

**Date of Oral Exam:** \_\_\_\_\_

**Prelim\*** \_\_\_\_\_

**Final** \_\_\_\_\_

\*Student may schedule final oral exam at least six months from original prelim oral exam date when this form is complete

## II. COMMITTEE MEMBER SIGNATURES:

Include typed names and signatures

Major Professor(s): \_\_\_\_\_

Date: \_\_\_\_\_

Committee Members: \_\_\_\_\_

Date: \_\_\_\_\_

## III. GRADUATE COLLEGE RESPONSE:

Graduate College: \_\_\_\_\_

Comment: \_\_\_\_\_

Copy:

Department

Co-department

Interdepartmental Major

Grad College

