



## Recommendation for Degree

<b>Oral Examination Results</b>
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We hereby concur that (Name) \_\_\_\_\_ My WSU ID \_\_\_\_\_

Has, on (Date) \_\_\_\_\_, completed the oral comprehensive examination as a requirement for the

degree of \_\_\_\_\_, with a major in \_\_\_\_\_

*A candidate passes if no more than one negative vote is cast in the committee, and the negative vote does not come from the committee chair.*

Pass    Fail

Chair (Print and Sign Name)	Date

Pass    Fail

Committee Member 1 (Print and Sign Name)	Date

Pass    Fail

Committee Member 2 (Print and Sign Name)	Date

Please send completed form to Graduate School at Box 4 or by email to [Denecia.Angleton@wichita.edu](mailto:Denecia.Angleton@wichita.edu)