

ANNOUNCEMENT OF EXAMINATION

This form must be submitted to the Office of Graduate Studies at least two weeks prior to the date of the examination.

GRADUATE UNIT: _____ DATE: _____
 GRADUATE UNIT CONTACT NAME AND PHONE: _____
 STUDENT NAME: _____ UNM ID: _____

| | |
|---|---|
| <input type="checkbox"/> Master's Exam/Project <input type="checkbox"/> Ph.D. Comprehensive Exam <input type="checkbox"/> Ed.D. Comprehensive Exam <input type="checkbox"/> M.F.A. Comprehensive Exam <input type="checkbox"/> Final Exam for Thesis (Thesis Defense) <input type="checkbox"/> Final Exam for Doctorate (Dissertation Defense) <input type="checkbox"/> M.F.A. Dissertation Defense | Students wishing to take any of the exams listed must be in active graduate status and must not be on any type of probation. Students seeking a master's degree (other than MFA) must have a Program of Studies approved by the Dean of Graduate Studies on file with OGS to be eligible to take the master's exam. The above named student's Program of Studies was approved by the Dean of Graduate Studies on the following date: _____ Doctoral/MFA Students: It is strongly recommended that the Application for Candidacy be completed and approved by the graduate unit before the student takes the Comprehensive Examination. |
| Date, Time, and Place of Examination: | |
| Title of Thesis or Dissertation: <input type="checkbox"/> Request for Embargo Restriction for UNM LoboVault Repository | |
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In consultation with the student, we propose the following examination committee:

| Full Name (please print or type) | Graduate Unit |
|----------------------------------|---------------|
| Examination Committee Chair: | |
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| | |
| | |

 Signature of Graduate Unit Chair

To: Examination Committee Chair
 From: Dean of Graduate Studies

The proposed committee is authorized to conduct the examination announced above, and the student is eligible to take the exam. **Within two weeks of the examination**, please complete the reverse side of this form and return it to the Office of Graduate Studies.

 Signature of the Dean of Graduate Studies

 Date

REPORT OF EXAMINATION

STUDENT NAME: _____ UNM ID: _____ DATE: _____
 GRADUATE UNIT: _____ DEGREE & TITLE (e.g. Ph.D. Optical Sciences): _____

We have conducted the examination announced on the reverse side of this form.

| | |
|--|---|
| <p>Evaluation of the Thesis/Dissertation Manuscript: (Please complete "Examination Results" section also.)</p> <p><input type="checkbox"/> Manuscript is approved without change <input type="checkbox"/> Manuscript is approved with only minor editorial corrections <input type="checkbox"/> Manuscript must be revised before approval</p> <p>A Certification of Final Form will constitute acceptance of the manuscript and any revisions.</p> | <p>Examination Results: We have read any written materials, participated in any oral examination and reviewed any exhibition work. On this basis, we report the student has:</p> <p><input type="checkbox"/> Passed <input type="checkbox"/> Conditionally Passed (List conditions below.* A memo to OGS from the committee chair is required to verify that conditions have been met.) <input type="checkbox"/> Failed (please comment below.*)</p> |
|--|---|

*Comments/Conditions: _____

Signatures of the examining committee **affirming** agreement with the evaluation above:

| Printed Name – Chair/Director | Signature | Date | Examination passed with distinction? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|-----------|-------|---|
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does this committee recommend that this student be considered by the graduate unit to receive distinction for this examination? Distinction will not be transcribed unless "Distinction" boxes to the right and below are completed. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Any committee member who **disagrees with the examination results** above should sign and comment below:

Printed Name _____ Signature _____ Date _____

Comments: _____

Attn: Graduate Unit Chair Please review the Examination Committee's report of examination results and sign and date below. If appropriate, please also complete the Distinction section below.

Signature of Graduate Unit Chair _____ Date _____

DISTINCTION: Having completed its review of this examination, this committee requests that this student be considered to receive distinction for this examination. If distinction is approved, it will appear on the student's transcript.

This recommendation has been reviewed according to graduate unit guidelines:

| | |
|--|--|
| <input type="checkbox"/> DISTINCTION APPROVED | <input type="checkbox"/> DISTINCTION DENIED |
| Signature of Graduate Unit Chair _____ | Date _____ |