

REPORT OF CANDIDACY EXAMINATION
GRADUATE COLLEGE
KENT STATE UNIVERSITY

Original should be returned to the Graduate College; second copy may be retained by the department.

Date: _____

1. Student Number: _____ **Date of Exam:** _____

2. Name of Candidate: _____
Last First Middle

3. Address: _____
Number & Street City State Zip

4. Department or School: _____

5. Area of Concentration: _____

6. Probable title of dissertation (if known): _____

7. Result: Pass ✍️ Fail ✍️

SIGNATURES:

Student's Advisor

Coordinator of Graduate Studies

Department/School Chairperson/Director