Ph.D. Diagnostic Examination
Computer Science Department
Oklahoma State University
Date:__________________

Student:_____________________________  ____________________________
(print name)                             (signature)

Student ID Number:_____________________

Taking the examination for the FIRST  SECOND time.
(please circle one)

Examination included coursework questions: YES  NO

Result of Examination: PASS  FAIL

Committee Chair:_____________________________  ____________________________
(print name)                             (signature)
(IF Dissertation Advisor is different from Chair, please indicate as “Advisor” below.)

Committee Chair:_____________________________  ____________________________
(print name)                             (signature)

Member:_____________________________  ____________________________
(print name)                             (signature)

Member:_____________________________  ____________________________
(print name)                             (signature)

Outside Member:_____________________________
(print name)                             (signature)