PhD EXAMINATION COMMITTEE REPORT

The undersigned members of a committee to evaluate the dissertation and conduct the final examination of ____________________________, a candidate for the degree of Doctor of Philosophy in Plant Biology and Conservation, report as follows:

I. We have read the candidate's dissertation, entitled:

________________________________________________________________________

completed under the direction of ____________________________________________

Advisor

II. We have decided that the candidate (select one):

☐ has passed unconditionally.
☐ has passed conditionally but requires no re-examination (conditions are detailed on the next page).
☐ requires re-examination (conditions are attached on the next page).
☐ has failed to pass the exam (comments are attached on the next page).

Typed/Printed Names

__________________________________  ________________________________
Chair/Advisor

__________________________________  ________________________________

__________________________________  ________________________________

__________________________________  ________________________________

__________________________________  ________________________________

__________________________________  ________________________________

__________________________________  ________________________________

Date: ________________________________________________________________
COMMITTEE REPORT ON EXAMINATION OF CANDIDATE
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

COMMENTS AND REQUIREMENTS

CANDIDATE NAME: ____________________________________________________________

The candidate (select one):
☐ has passed conditionally but requires no re-examination. The requirements to be met for passing are detailed below.
☐ requires re-examination. The requirements to be met for passing are detailed below.
☐ has failed to pass the exam. Please see detailed comments below.

In addition, the candidate (select one):
☐ may present their thesis seminar.
☐ may not present their thesis seminar until the conditions are met.

Requirements/Comments: (List below, or attach a printed list)

Committee Chair signature: ________________________________ Date: __________

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