

Report of Failure of Final Oral Examination

Student Information

Student Name (First, Middle, Last)			Date
Student ID		Graduate Program	
Date of Final Comprehensive Examination			
Select One: First Attempt	Second Attempt		
Title of Thesis or Dissertation			
Instructions			
Purpose: The <i>Report of Failure of a Final</i> (the Graduate College.	Oral Examination (RFFO	E) is the official document by which	n the failure of a final oral examination is reported to
the defense committee with a simple major pass. If a tie vote occurs, then the student	rity determining the outcome is considered to have fa on the <i>Defense Commit</i>	ome unless the academic unit respiled the final oral examination. A rettee Approval form that is to be sub-	of pass or fail is by a vote of the voting members of onsible for the program requires a unanimous vote for sult of pass is documented by the signatures of all mitted with the final thesis or dissertation. A result of RFFOE to the Graduate College.
immediately upon determining that the stud of the completed RFFOE is submitted to the	dent has failed the exam le Graduate College by t ory Committee (or desig	ination and is signed by all voting r the Graduate Faculty Representation gnee). The submission to the Gradu	e final oral examination. The RFFOE is completed nembers of the defense committee. The original copy re (GFR) if the defense committee includes a GFR, late College should take place no later than the close
Deliver: Email a scanned or digitally sig coordinator.	ned copy to success@	<u>@boisestate.edu</u> . Copy(cc) the s	tudent, committee members, and the program
Signatures			
The undersigned persons are the voting m	embers of the defense of	committee and find that the student	has failed the final oral examination.
Chair of Supervisory Committee Signature		Print Name	Date
Committee Member Signature Check if Co-Chair		Print Name	Date
Committee Member Signature		Print Name	Date
Committee Member Signature		Print Name	Date
Committee Member Signature		Print Name	Date
External Examiner Signature		Print Name	Date
I certify that the voting members of the def	ense committee determi	ned a result of fail for this final oral	examination.
Graduate Faculty Representative Signatur	e (if applicable)	Print Name	 Date