

Report of Failure of Final Oral Examination

Student Information

Student Name	(First, Middle, Last)			Date
Student ID			Graduate Program	_
Date of Final C	omprehensive Examina	tion		
Select One:	☐ First Attempt	☐ Second Attempt		
Title of Thesis	or Dissertation			
Instructions	S			
Purpose: The F the Graduate C	Report of Failure of a Fil College.	nal Oral Examination (RFF	OE) is the official document by which	n the failure of a final oral examination is reported to
the defense con pass. If a tie vo voting member	mmittee with a simple mate occurs, then the studes of the defense commit	najority determining the out lent is considered to have ttee on the <i>Defense Comn</i>	tcome unless the academic unit resp failed the final oral examination. A re	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 up of the complete and otherwise I	on determining that the ed RFFOE is submitted by the Chair of the Supe	student has failed the exa to the Graduate College by	mination and is signed by all voting r y the Graduate Faculty Representativ signee). The submission to the Gradu	e final oral examination. The RFFOE is completed nembers of the defense committee. The original copy we (GFR) if the defense committee includes a GFR, late College should take place no later than the close
Deliver To: Bois	se State University, Gra	duate Student Success Co	enter, Riverfront Hall, Room 318, 191	0 University Drive, Boise, ID 83725-1110.
Signatures				
The undersigne	ed persons are the votin	g members of the defense	committee and find that the student	has failed the final oral examination.
 Chair of Superv	visory Committee Signa	ture	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	e voting members of the	defense committee deterr	nined a result of fail for this final oral	examination.
 Graduate Facu	Ity Representative Sign	ature (if applicable)	Print Name	 Date