

Lamar University
Department of Speech & Hearing Sciences
Doctoral Degree in Audiology (Au.D.)
Comprehensive Written/Oral Examination Results

Candidate's Name: _____ Student ID#: _____

Doctoral Advisor: _____

RECOMMENDATION OF COMMITTEE:

1. Approval of Written Exam _____ Approval of Oral Exam _____

2. Disapproval of Written Exam _____ Disapproval of Oral Exam _____

3. Conditions _____ (Specify Conditions): _____

Committee Member Signatures:

Doctoral Advisor: _____

Committee Member: _____

Committee Member: _____

Department Chair's Signature: _____ Date: _____

College Dean's Signature: _____ Date: _____

Graduate Dean's Signature: _____ Date: _____