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: __________________