

Georgia Southern University Jack N. Averitt College of Graduate Studies

Ed.D Candidacy Exam Report Form

To: College of Graduate Studies

Student Name: _____
(Last) (First) (Middle)

Eagle ID# (Do Not Use SS#): 900 - ____ - _____

Degree/Major (Check One): Ed.D – Curriculum Studies Ed.D – Educational Administration

Candidacy Written Exam Date: _____

Candidacy Oral Exam (If Required) Date: _____

Members of the Candidacy Committee have administered the Ed.D Candidacy Exam to the above named student for the degree/major indicated and report the following result:

Pass

Fail

Please explain any recommendations:

NOTE: Only one (1) retake of the Candidacy Exam is permitted.

Signatures of the Candidacy Committee

Committee Chair Date

Member Date

Member Date

Member Date

Member Date

Dept Chair (Initial): _____ Date: _____

COE Assoc. Dean (Initial): _____ Date: _____

Forward Completed and Signed Form to the College of Graduate Studies