Department Of Computer Science
UNIVERSITY OF COLORADO at BOULDER

AREA EXAM REPORT

Students Name_____ Student Number # _____
Last, First, MI

Date of Examination _____ Research Area _____ Degree Major _____

RESULTS *(Enter committee name and department. Check mark under the column that applies to the result)*

Committee Member Name	Dept	Chair (x)	Pass	Re-write	Fail

Member 1 Signature/Date

Member 2 Signature/Date

Member 3 (Chair) Signature/Date

Complete ONLY for Area Exam for Re-write:
Note: Department approval for Area Exam results is conditional on the following conditions:

Complete once students complete the above mentioned conditions:
Conditional requirements must be met before the student is considered as having passed the Ph.D. Area examination and the Graduate Chair should so inform the student. Conditions placed on the Ph.D. Area examination have been met (leave blank if not applicable).

Chair's Signature Date (mm/dd/yyyy)