**PhD Degree Final Oral Exam Checksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student Name: | | |  | | PSU ID# |  |
|  | | | LASTNAME, Firstname | |  |  |
| **Yes**  **No** | **Date** | **Adviser’s Initials** | | **Specific Criteria** | | |
|  |  |  | | Does the student have any “Provisional Admittance” criteria that need removed? | | |
|  |  |  | | Does the student have at least a 3.0 GPA? | | |
|  |  |  | | Has student met the 5-hour SARI Seminar Requirement? | | |
|  |  |  | | Has student taken / provided proof of CITI on-line portion of SARI requirement? | | |
|  |  |  | | Is the student carrying a Minor? If so, in what program? | | |
|  |  |  | | If the student is carrying a Minor, has he/she earned at least 15 credits in the Minor? | | |
|  |  |  | | Does the student have any MISSING or DEFERRED Grades? | | |
|  |  |  | | Will the student be registered during the semester of the Comprehensive Exam; many not be in SCHADD status? | | |
|  |  |  | | Date of Candidacy Examination | | |
|  |  |  | | Date of Comprehensive Examination | | |
|  |  |  | | Have at least three (3) months passed since the date of Comprehensive Exam? | | |
|  |  |  | | Is the final oral exam being held within six (6) years from date of passing Comprehensive Exam? | | |
|  |  |  | | Student did not register for 601 courses until the semester AFTER the Comprehensive Exam? | | |
|  |  |  | | Has the student been registered continuously each Fall and Spring semester beginning with the Semester following the passing of the Comprehensive Examination; does the student meet the “continuous registration requirement?”  List Semesters of continuous registration. | | |
|  |  |  | | Is the student within the 8-year time limit from date of Candidacy Examination? | | |
|  |  |  | | Are there more than 12 credits of subject 600/610 carrying a quality letter grade? | | |
|  |  |  | | Is the 602 teaching requirement of 2 credits met? | | |
|  |  |  | | Has student met the two-semester, one-year full-time residency requirement?  List semesters to verify. | | |
|  |  |  | | Final Oral Examination Date and Time | | |
|  |  |  | | Final Oral Examination Location | | |
|  |  |  | | Final Oral Examination Chair / Adviser Name | | |
|  |  |  | | Final Oral Examination Major Committee Member | | |
|  |  |  | | Final Oral Examination Major Committee Member | | |
|  |  |  | | Final Oral Examination Outside Major Committee Member | | |
|  |  |  | | Final Oral Examination Outside Unit Committee Member | | |
|  |  |  | | Final Oral Examination Special Member | | |
|  |  |  | | Thesis Signature Page ONLY … Special Signatory | | |
| Thesis Title: |  |  | |  | | |

Adviser confirms all requirements have been met. The Graduate School will not be notified of successful completion without this form being completed.

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Adviser Signature Student Signature