



Graduate Education Office
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**DOCTOR OF EDUCATION
ORAL QUALIFYING EXAMINATION REPORT**

Exam Date: _____ Exam Time: _____ Exam Room #: _____

Student's Name: _____ WSU ID #: _____

The student: Passed Failed

Comments/Recommendations:

	Printed Name	Signature	Date
Major Advisor			
Cognate Advisor			
Member			
Member			
Member			

College of Education Graduate Officer

Date