



DOCTORAL PROGRAM: RPE RESULT REPORT

Student Name: _____

PSU ID#

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Student Email: _____

Date of Oral Presentation: _____

Signatures of Committee Members:

Adviser: _____
Signature Print

Reader 1: _____
Signature Print

Reader 2: _____
Signature Print

Committee Decision:

Pass/Fail: _____

Retake Written Date By:

Retake Oral Date By:

Retake Full Exam Date By:

Adviser Signature: _____ **Date:** _____

Doctoral Program Director: _____ **Date:** _____

Distribution:
CS Graduate Advisor