



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