

**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