To: Graduate Coordinator of the School of Mathematics

Ph.D. Comprehensive: Oral Specialty Examination

[See http://www.math.gatech.edu/academic/graduate/phd-mathematics.html]

On date ____________________, Mr/Ms ________________________, Ph.D. student in the School of Mathematics, underwent the oral examination portion of the “Comprehensive Examination”. Mr/Ms ________________________ had completed the written portion of the Comprehensive Examination in the _____________ Semester of _____________.

The examining committee consisted of

Prof. __________________________ [Advisor]

Prof. __________________________ [Member]

Prof. __________________________ [Member]

Prof. __________________________ [Member]

The examining committee concluded that the above named student

Passed / Failed with Re-examination / Failed (circle one)

the oral specialty examination of the Comprehensive Exams.

Sincerely,

__________________________________________  [ Advisor’s signature / Date ]