



THE UNIVERSITY OF ARIZONA  
COLLEGE OF FINE ARTS

Fred Fox School of Music

**FRED FOX SCHOOL OF MUSIC**

**REPORT FOR ORAL DOCTORAL  
EXAMINATIONS**

## Student Information

**First Name**

**Last Name**

## Committee Members

**Chair**

Sign or E-Sign Here

Name (Typed/Printed)

**Member**

Sign or E-Sign Here

Name (Typed/Printed)

**Member**

Sign or E-Sign Here

Name (Typed/Printed)

**Member**

Sign or E-Sign Here

Name (Typed/Printed)

**Member**

Sign or E-Sign Here

Name (Typed/Printed)

## Examination

**Date**

**Duration**

**First Attempt or Retake?**

## Result

Please evaluate this examination and indicate below if the student passed or failed. If the student failed the exam, comments must be included that explain the failure and indicate whether or not the student will be allowed to retake the examination.

**Pass/Fail**

**Comments**

*Please complete and return this form to the Director of Graduate Studies within  
48 hours of the completion of this examination.*