

**REPORT OF GEOLOGY Ph.D. CANDIDACY EXAMINATION
KENT STATE UNIVERSITY**

Send original to Office of Graduate Affairs, College of Arts and Sciences; file copy with Graduate Coordinator

Date _____

Student Number _____ Date of Exam _____

Name of Candidate _____
Last First Middle

Address _____
Number & Street City State Zip

Department or School _____

Area of Concentration _____

Probable Title of Dissertation _____

Result: Pass _____ Fail _____

SIGNATURES:

Student's Advisor

Coordinator of Graduate Studies

Department Chairperson