

UNIVERSITY OF PUERTO RICO
MAYAGÜEZ CAMPUS
OFFICE OF GRADUATE STUDIES

RESULTS REPORT

EXAM _____ **OF** _____ *

Registrar's Office:

Surname, Name	Identification number	Department or Program

was admitted for _____ first time _____ second time to the exam. During the following day(s) _____, the student was administered the examination under the regulations of the Office of Graduate Studies. The result(s) are reported below:

Area Examined	Grade/ Result**	Graduate Committee/ Examining Committee ***	Date
The student: _____ passed _____ failed the exam.			

*Indicate the name of the exam (GENERAL ORAL EXAM, QUALIFIER OR COMPREHENSIVE) and its designated level (MASTER'S OR DOCTORATE).

**Indicate grade (numerical) or result (PASSED OR FAILED)

***Indicate the members of the students Graduate Committee or the Examining Committee (if applicable)

Department Director (signature)	Date
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This report should be sent to the Registers Office, with a copy to the Office of Graduate Studies, within the next 15 days.