

**REPORT OF FINAL EXAMINATION FOR THE DEGREE OF DOCTOR OF
PHILOSOPHY**

Candidate: _____ UCID: _____

Department: _____

Title of Thesis as Accepted:* _____

Examining Committee: _____

Date of Examination: _____

Recommendation: The committee, on the question of recommending the candidate for the degree of Ph.D., voted as follows:

AYE: _____

NAY: _____

With Honors (if applicable): ☐

Manuscript accepted.

Manuscript accepted with only minor revisions.

Manuscript provisionally accepted. Substantial revisions required.

Manuscript not acceptable. Major revisions and new defense required.

For the Committee: _____

Chairperson of the Examining Committee

Please return to the Dean of Students Office at humdos@uchicago.edu as soon as possible after the dissertation defense.