BASP 1st Doctoral Exam Completion Form

**Student Name**: **Year Matriculated**:

**First Doctoral Exam Information**

Title:

Advisor:

Second Reader:

Date of Oral Presentation of 1st Doctoral Research Project:

**First Doctoral Exam Certification**

By signing below, I certify that both faculty members listed above have graded this student’s first doctoral exam with a “pass,” and that the student has successfully completed an oral presentation of the paper to BASP faculty and students. This student has successfully passed the BASP first doctoral exam requirement.

Advisor’s Name:

Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

***Please submit a clean copy of the completed 1st doctoral exam to the Training Area Head along with this form.***