



**DOCTORAL PROGRAM:  
RPE RESULT REPORT**

**Student Name:** \_\_\_\_\_ **PSU ID#**

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**Student Email:** \_\_\_\_\_ **Date of Oral Presentation:** \_\_\_\_\_

**Signatures of Committee Members:**

**Adviser:** \_\_\_\_\_  
Signature \_\_\_\_\_ Print \_\_\_\_\_

**Reader 1:** \_\_\_\_\_  
Signature \_\_\_\_\_ Print \_\_\_\_\_

**Reader 2:** \_\_\_\_\_  
Signature \_\_\_\_\_ Print \_\_\_\_\_

**Committee Decision (Circle One):**

Pass / Fail

Retake Written                      Date By:

Retake Oral                              Date By:

Retake Full Exam                      Date By:

**Adviser Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Chair Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Distribution:  
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PSU Graduate School