

Original Proposal Oral Exam Report	
Student: [Insert Student's name]	Date: [Insert Date]
<div style="margin-bottom: 20px;"><input type="checkbox"/> Took OPO and Passed.</div> <div style="margin-bottom: 20px;"><input type="checkbox"/> Took OPO and Conditionally Passed. Must complete the following by [Insert comments]</div> <div style="margin-bottom: 20px;">Deadline for completion:[Insert Date]</div> <div><input type="checkbox"/> Took OPO and Failed. Recommendations: [Insert comments]</div>	
<div style="text-align: center; margin-bottom: 10px;">Signatures</div> <div style="margin-bottom: 10px;">Supervisory Committee Chair: _____</div> <div style="margin-bottom: 10px;">Committee Members:</div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"><div>_____</div><div>_____</div></div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"><div>_____</div><div>_____</div></div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"><div>_____</div><div>_____</div></div> <div style="margin-bottom: 10px;">Graduate Committee Chair: _____</div>	