

Comprehensive Examination Form

Student Name: _____

Student ID: _____

Date: _____

Program: Master's Doctoral

The graduate student named above completed the prescribed graduate comprehensive examination in the Master's/doctoral program, and results of the examination were evaluated by the student's Advisory Committee on the dates indicated below.

Check (✓) the appropriate box(es):

Written Examination

Date of Written Examination: _____

Pass

Fail

Oral Examination

Date of Oral Examination: _____

Pass

Fail

Sign below:

Committee Chair/Academic Advisor

Department Chair

Committee Member

College Dean

Committee Member

Graduate Dean

Committee Member