



DIVISION of ACADEMIC AFFAIRS
School of Graduate Studies

REPORT OF THE WRITTEN COMPREHENSIVE EXAM

Date: _____

Student's I.D.: _____

Name of Candidate: _____

Graduate Program: _____ Degree Sought: _____

Date of Written Examination: _____ Date of Oral Examination: _____

The student named above has written the comprehensive exam. By signing below, the committee members indicate their recommendations:

	Passed	Failed	Repeat (Recommendations)	Date
Chair Committee Member: (Printed Name/Signature)				
Committee Member: (Printed Name/Signature)				
Committee Member: (Printed Name/Signature)				
Committee Member: (Printed Name/Signature)				
Committee Member: (Printed Name/Signature)				

(Please return this form with student's answer sheet and comprehensive exam to the Graduate School on completion)