



Comprehensive Examination Report

(To be completed and filed after the examination)

Date: _____

College: _____

Student Name: _____

Department: _____

Student ID Number: _____

Degree: _____

Advisor: _____

ID Number: _____

Signatures of Examining Members:

If examination completed successfully, sign below.

Chair:

Member:

Member:

Member:

Member:

Member:

Member:

Member:

The above-named candidate has been examined by the committee with the following results:

Passed:

Failed:

Comments:

Program Director
Signature:

College Dean
Signature:

Form must be submitted to the Office of Admissions, Records and Registration after electronic signatures are completed. Please ensure any relevant additional documentation is attached to the generated email.