

COMPREHENSIVE EXAM REPORT

GS-CE-5 (REV.)

GRADUATE SCHOOL

NAME	STUDENT ID
EMAIL	TELEPHONE NUMBER
DEGREE (<i>Ph.D., M.S., M.A., M.Ed., etc.</i>)	MAJOR (<i>English, Physics, Geology, etc.</i>)

COMPREHENSIVE EXAM INFORMATION: (A separate Project or Thesis/Dissertation Defense Report form must be submitted if the defense is combined with the comprehensive exam.)

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Master's Comprehensive Master's Comprehensive as qualifying for Ph.D. Program Ph.D. Comprehensive

Pass Conditional Pass

DATE OF WRITTEN EXAM: _____ Conditional Pass Fail

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NOTE: ALL PH.D. ORAL EXAMS MUST HAVE AN OUTSIDE EXAMINER PRESENT AT THE EXAM.

OUTSIDE EXAMINER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
APPROVED BY		
COMMITTEE SIGNATURE <input type="radio"/> Chair or <input type="radio"/> Co-Chair	PRINT NAME LEGIBLY	DATE
COMMITTEE SIGNATURE <input type="radio"/> Member or <input type="radio"/> Co-Chair	PRINT NAME LEGIBLY	DATE
COMMITTEE MEMBER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
COMMITTEE MEMBER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
COMMITTEE MEMBER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
DEPARTMENT CHAIR'S SIGNATURE	PRINT NAME LEGIBLY	DATE
COLLEGE/SCHOOL DEAN'S SIGNATURE	PRINT NAME LEGIBLY	DATE

ORIGINAL SIGNED FORM SHOULD BE SUBMITTED TO THE GRADUATE SCHOOL AFTER ALL OTHER SIGNATURES ARE COMPLETE

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