



Report on Doctoral Comprehensive Examination

In accordance with program policy, the examination was administered to the student named below and the results are as indicated.

Name _____ AOS _____

Dates of written examinations _____ Date of oral _____

Results: Please note either “S” for satisfactory or “U” for unsatisfactory. Student passes if no more than 1 unsatisfactory vote.

Committee Member Name	Signature	Exam Area	Vote
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Recommendations:

If student passed, the committee had the following requirements or suggestions (a separate page may be used)

If student failed, the committee recommends that:

- a) the student’s matriculation be cancelled yes/no
- b) the student be scheduled for a re-examination on or before
 (date) _____ after meeting the following conditions:

Signature of advisor _____