

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 ______ Foundation _____ Dates of written examinations ______ Date of oral _____ **Results**: Please indicate "S' for satisfactory of "U" for unsatisfactory. Student passes if no more than 1 unsatisfactory vote. Signature Exam Area Committee Member Name 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