

Graduate Comprehensive Exam Report

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| STUDENT NAME |  | STUDENT ID |
| EMAIL |  | PHONE NUMBER |
| DEGREE (M.S., M.A., Ph.D.) | PROGRAM | CONCENTRATION (if applicable) |
|  | | |
| Please choose the option that best describes which exam(s) are required for your program:  Written Only Oral Only Both are required (Forms for each can be submitted separately, if desired) | | |
| Date Oral Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Outcome of exam: Pass Conditional Pass\* Fail  Date Written Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_ Outcome of exam: Pass Conditional Pass\* Fail  \*Conditional Pass: Please state the conditions that must be met for student to pass. A new Graduate Comprehensive Exam Report must be submitted once the student satisfactorily fulfills the conditions and passes. | | |
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**APPROVED BY:**

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| Advisor Signature                                                                                                                Printed Name and Date | |
|  | |
| Department Chair Signature                                                                                              Printed Name and Date | |
|  | |
| College Dean Signature                                                                                                      Printed Name and Date | |
| **THIS** **SECTION** **COMPLETED** **BY** **THEGRADUATE** **SCHOOL** | |
|  | |
| Graduate School Dean Signature                                                                                       Printed Name and Date | |
| Approved   Not Approved | Notes: |