



# Comprehensive Exam Report

NAME		STUDENT ID
EMAIL		PHONE NUMBER
DEGREE (M.S., M.A., PhD etc.)	PROGRAM	CONCENTRATION (if applicable)

**Comprehensive Exam Information:** (A separate Project or Thesis/Dissertation Defense Report form must be submitted if the defense is combined with the comprehensive exam.)

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: \_\_\_\_\_  Pass     Conditional Pass\*     Fail

Date Written Exam: \_\_\_\_\_  Pass     Conditional Pass\*     Fail

\*Conditional Pass: Please state requirements for passing. When conditions have been met, a new Comprehensive Exam Report must be submitted which indicates "Pass." Please attach additional sheet if more space is needed.

<b>Outside Examiner</b> (Note: All Ph.D. Oral Exams must have an Outside Examiner present at the exam)	
Outside Examiner Signature	Printed Name and Date
<b>Approved By</b>	
Member Signature	Printed Name and Date
Member Signature	Printed Name and Date
Member or Co-Chair Signature (please choose)	Printed Name and Date
Committee Chair or Co-Chair Signature (please choose)	Printed Name and Date
Department Chair/Director Signature	Printed Name and Date
College/School Dean Signature	Printed Name and Date
<b>THIS SECTION WILL BE COMPLETED BY THE GRADUATE SCHOOL</b>	
Interim Provost John Stalvey, Ph.D.	
Graduate School Signature	Printed Name and Date
___ Approve ___ Disapproved	Notes: