



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.

Outside Examiner
(Note: All Ph.D. Oral Exams must have an Outside Examiner present at the exam)

Outside Examiner Signature	Printed Name and Date
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Approved By

Member Signature	Printed Name and Date
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Member Signature	Printed Name and Date
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Member or Co-Chair Signature (please choose)	Printed Name and Date
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Committee Chair or Co-Chair Signature (please choose)	Printed Name and Date
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Department Chair Signature	Printed Name and Date
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College/School Dean Signature	Printed Name and Date
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THIS SECTION WILL BE COMPLETED BY THE GRADUATE SCHOOL

Interim Provost John Stalvey, Ph.D.	
Graduate School Dean's Signature	Printed Name and Date

___ Approve ___ Disapproved	Notes:
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