FORM 7

UNIVERSITY of LOUISVILLE

GRADUATE SCHOOL
Houchens Building Ste. 105

Results of Ph.D. Comprehensive Exam

Student: _____ Student ID: _____

Date of Exam: _____ Major: _____

Program Chair/Director: _____

Committee Members: _____
Doctoral Program Chair

_____

_____

_____

_____

_____

Title: _____

_____

Results (please circle): PASS with Honors PASS FAIL

Comments: _____

_____

_____

_____

Submitted by: _____ Date: _____
(Program Chair)

cc: CEHD Associate Dean for Research and Graduate Studies

(Revised August 2010)