

UNIVERSITY of LOUISVILLE[®]

Results of Ph.D. Comprehensive Exam

Student: _____ Student ID: _____
Date of Exam: _____ Major: _____

Program Chair/Director: _____

Doctoral Program Chair: _____

Committee Members: 1. _____
2. _____
3. _____
4. _____
5. _____

Title: _____

Results: (please circle) PASS with Honors PASS FAIL

Comments: _____

Submitted by: _____ Date: _____
(Program Chair)