

## RESULTS OF DOCTORAL COMPREHENSIVE EXAM

**STUDENT NAME** \_\_\_\_\_ **STUDENT ID** \_\_\_\_\_  
**DATE OF EXAM** \_\_\_\_\_ **DEGREE PROGRAM** \_\_\_\_\_  
(MM/DD/YY)

**PROGRAM CHAIR/DIRECTOR** \_\_\_\_\_

**DOCTORAL PROGRAM CHAIR** \_\_\_\_\_

**COMMITTEE MEMBERS 1)** \_\_\_\_\_

**2)** \_\_\_\_\_

**3)** \_\_\_\_\_

**4)** \_\_\_\_\_

**5)** \_\_\_\_\_

**RESULTS (PLEASE PICK ONE)**  Passed with Honors  
 Passed  
 Failed

**SUBMITTED BY** \_\_\_\_\_

Graduate Program Director or  
Department Chair

\_\_\_\_\_  
Date