

Ph.D. Comprehensive Exam Decision



Student Name: _____

Date of Comprehensive Exam- Written: _____ Oral: _____

Committee Chairperson (Required): _____

Committee:

Out-of-Area Member (Required) _____

Other (Required) _____

Dean's Representative (Ph.D. Only) _____

Other (Optional) _____

Other (Optional) _____

Decision of the Committee: ___ Pass ___ Contingent Pass ___ Fail

_____ Copy of written examination (questions and answers) submitted to dept file.

If there are contingencies, further requirements, or the exam needs to be retaken, please explain below:

Will the student be allowed to retake the comprehensive exam? ___ Yes ___ No ___ N/A

Signatures:

Committee Chairperson

Date