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