



# Doctoral Comprehensive Examination Results Form

*(This form should be completed and filed with the Graduate School within one month of exam completion)*

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

The above named candidate has  PASSED  FAILED

the examination concluded on \_\_\_\_\_ according to this Committee.  
Date

### Signatures of Doctoral Committee Members

*(Please sign full names legibly)*

	Pass	Fail
Chair: _____	<input type="checkbox"/>	<input type="checkbox"/>
Outside Member: _____	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____	<input type="checkbox"/>	<input type="checkbox"/>

Submitted by: \_\_\_\_\_ Department/Program: \_\_\_\_\_  
Adviser

\_\_\_\_\_  
Director of Graduate Studies Date Dean of the Graduate School Date

**DO NOT  
WRITE  
IN THIS  
BOX  
(office use only)**

Continuous Enrollment List Number: \_\_\_\_\_  
Date copies sent to the Adviser and Director of Graduate Studies: \_\_\_\_\_