

REPORT ON COMPREHENSIVE EXAM

DATE: _____

NAME: _____ STUDENT ID# _____

EMAIL ADDRESS: _____ PHONE# _____

DEGREE: _____ PROGRAM: _____

COMPREHENSIVE EXAM INFORMATION: (A separate Project or Thesis/Dissertation Defense Report form must be submitted if the defense is combined with the comprehensive exam.)

Exam Type: M.S. } Comprehensive
 M.A. }
 M.F.A. }
 M.S. Comprehensive as qualifying for Ph.D. Program
 Ph.D. Comprehensive

	Pass	Conditional Pass	Fail
Date of Oral Exam: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Written Exam: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONDITIONAL PASS: Please state requirements for passing. When conditions have been met, a new Comprehensive Exam Report form should be submitted which indicates "PASS."

NOTE: ALL PH.D. ORAL EXAMS MUST HAVE AN OUTSIDE EXAMINER PRESENT AT THE EXAM. A REQUEST FOR OUTSIDE EXAMINER SHOULD BE SUBMITTED TO THE GRADUATE SCHOOL AT LEAST 10 WORKING DAYS PRIOR TO THE EXAM. (15 DAYS IF SCHEDULED DURING THE SUMMER BREAK)

Print Names:	Signatures:	Date:
ADVISOR:		
COMMITTEE:		
OUTSIDE EXAMINER:		
DEPT. CHAIR:		
DEAN:		