

Written Comprehensive Examination Results

The written comprehensive examination requirement must be met **before** the Oral Comprehensive Examination can take place.

Name of Candidate: _____

Date Written Examination/Paper pass/fail: _____

Title for Paper OR Written Exam Content Areas:

In the event that the written exam is failed, fill in:

Date exam to be re-administered: _____

The undersigned have accepted the written comprehensive examination/paper and agree that the written comprehensive examination requirement has been satisfied. Four members are required, a fifth member is optional.

_____	_____	_____
Chairperson (Print Name)	Signature	Date

_____	_____	_____
Member (Print Name)	Signature	Date

_____	_____	_____
Member (Print Name)	Signature	Date

_____	_____	_____
Minor Chairperson (Print Name)	Signature	Date

_____	_____	_____
Member (Print Name)	Signature	Date

Please return this form to Graduate Coordinator when it is completed.