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.