

### Written Comprehensive Examination Results

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

Name of Candidate: \_\_\_\_\_

Date of Written Examination/Paper: \_\_\_\_\_

Title for Paper OR Written Exam Content Areas:

*In the event that the written exam is failed:*

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
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Member (Print Name)	Signature	Date
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Member (Print Name)	Signature	Date
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Minor Chairperson (Print Name)	Signature	Date
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Member (Print Name)	Signature	Date
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Please return this form to Graduate Coordinator when it is completed.