

**DOCTORAL COMPREHENSIVE EXAMINATIONS**

Student ID#		Degree:	
Name:		Program:	

**INSTRUCTIONS:**

**Student:** Complete Part I and give to your committee chair and graduate director for approval

**Advisor and Graduate Director:** Verify that the student is eligible to take the exam(s) by signing your approval. You can then notify the student of the exam dates. Report the results in Part II and III and return the form to the School of Graduate Studies after the exam has been taken.

**PART I. Student Application to Take Comprehensive Examination**

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**Department Approval:**

The Department approves of the student's eligibility to take the comprehensive exam.

\_\_\_\_\_  
 Committee Chair (Major Advisor)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Graduate Program Director

\_\_\_\_\_  
 Date

**PART II. Results of the Doctoral Comprehensive Examination - To be completed by the examination committee and the results reported to the Graduate Program Director and Department Chair.**

<u>Examination Area(s)</u>	<u>Date</u>	<u>Pass</u>	<u>Fail</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**PART III. Summary Recommendation - This section must be completed and returned to the School of Graduate Studies after completion of the examination(s), regardless of whether the student passed or failed.**

Pass

\_\_\_\_\_  
 Graduate Program Director

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Department Chair

\_\_\_\_\_  
 Date

Fail

Comprehensive examinations which are failed may be repeated once. Indicate the date of the exam re-take and return this form to the School of Graduate Studies.. A new exam form will need to be submitted for the re-take.

**Date of Exam Re-take:** \_\_\_\_\_

\_\_\_\_\_  
 Graduate Program Director

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Department Chair

\_\_\_\_\_  
 Date

**PART IV. Reviewed and Recorded by the School of Graduate Studies**

\_\_\_\_\_  
 School of Graduate Studies Dean

\_\_\_\_\_  
 Date