



Graduate School
COMPREHENSIVE EXAM RESULTS FORM

A final comprehensive exam has been conducted for the following student:

Student's Full Name: _____

Student ID Number: U _____

Degree:

Major:

Concentration, if applicable:

Date Exam Administered: _____

Type of Exam Administered:

Exam Results: Pass Fail

Committee Approvals: (Print or type name)	Committee Signatures	Pass	Fail
_____	_____		
Chair, Examining Committee	Chair, Examining Committee		
_____	_____		
Committee Member	Committee Member		
_____	_____		
Committee Member	Committee Member		
_____	_____		
Committee Member	Committee Member		
_____	_____		
Committee Member	Committee Member		
_____	_____		
College Director of Graduate Studies	College Director of Graduate Studies		