



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		
_____ Committee Member	_____ Committee Member		
_____ College Director of Graduate Studies	_____ College Director of Graduate Studies		

FOR DOCTORAL STUDENTS ONLY

Passing your comprehensive exams makes you a late-stage doctoral student at the UofM where 1 credit hour may be considered full-time enrollment, depending on departmental requirements. By signing this form, you are certifying that you will be working at least part-time on your dissertation for the next four semesters (excluding summers). If this situation changes you will notify the Graduate School. Working less than part-time may result in federal financial aid implications. After 4 semesters, this agreement must be reevaluated. Please contact the Graduate School at that time.

Student Signature

Date