



*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

<b>Committee Approvals: (Print or type name)</b>	<b>Committee Signatures</b>	<b>Pass</b>	<b>Fail</b>
_____	_____		
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		