

Copies to: Registrar  
Dean  
Department  
Guidance Committee  
Student

RECORD OF COMPREHENSIVE EXAMINATIONS  
for  
DOCTORAL DEGREE AND EDUCATIONAL  
SPECIALIST DEGREE CANDIDATES

Check if this is a re-examination because of expired time limits.

Department of \_\_\_\_\_

Student's Name \_\_\_\_\_ Student Number \_\_\_\_\_  
Last, First Middle Initial

Term and Year of First Course Counted towards this Degree \_\_\_\_\_

**Result of Written Comprehensive Examinations:**

<u>Field</u>	<u>Examiner(s)</u>	<u>Examination Date (MM-DD-YY)</u>	<u>Passed or Failed</u>
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**Result of Oral Comprehensive Examinations:**

<u>Field</u>	<u>Examiner(s)</u>	<u>Examination Date (MM-DD-YY)</u>	<u>Passed or Failed</u>
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**OVERALL PASS or FAIL?** \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Chairperson of Examination Committee

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Chairperson of Department

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Dean of College