Ph.D. Comprehensive Exam Decision

Student Name: ________________________________

Date of Comprehensive Exam- Written: ______________ Oral: ______________

Committee Chairperson (Required):  ________________________________
Committee:
  Out-of-Area Member (Required) ________________________________
  Other (Required) ________________________________
Dean’s Representative (Ph.D. Only) ________________________________
  Other (Optional) ________________________________
  Other (Optional) ________________________________

Decision of the Committee: ___ Pass ___ Contingent Pass ___ Fail

________  Copy of written examination (questions and answers) submitted to dept file.

If there are contingencies, further requirements, or the exam needs to be retaken, please explain below:

Will the student be allowed to retake the comprehensive exam? ___ Yes ___ No

Signatures:

_____________________________________________________________
Committee Chairperson     Date