

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