**Department of Animal Science**

* 1. Record of Comprehensive Examinations

**for Doctoral Degree Candidates**

**Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Result of Written Comprehensive Examinations:**

**Field Examiner (name & signature) Examination Date Passed or Failed**

**(MM-DD-YY)**

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**Result of Oral Comprehensive Examinations:**

**Field Examiner (name & signature) Examination Date Passed or Failed**

**(MM-DD-YY)**

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**Overall Pass or Fail\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*If fail a written report must be submitted by the committee chair to student, committee and graduate coordinator**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chairperson of Examination Committee**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Graduate Coordinator**

Comprehensive Exam Date to be entered in GradInfo by ANS Graduate Secretary upon receipt of signed form