

Copies to: Regist

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 limi	ts.	
Department of				
Student's Name Last, First Middle Initial		Student Nu	Student Number	
	st, First Middle Initial Course Counted towards this Degree _			
	rehensive Examinations:			
, , , , , , , , , , , , , , , , , , ,		Examination Date		
<u>Field</u>	Examiner(s)	(MM-DD-YY)	Passed or Failed	
Result of Oral C	Comprehensive Examinati	ions:		
<u>Field</u>	Examiner(s)	Examination Date (MM-DD-YY)	Passed or Failed	
OVERALL PASS	S or FAIL?			
	Signed			
	Signed Chairperson of Examination	n Committee Da	ite	
	Signed			
	Signed Chairperson of Department	/GPC Da	ite	
	Signed _			
	Dean of College	Da	ite	