

RECORD OF COMPREHENSIVE EXAMINATIONS
for
DOCTORAL DEGREE CANDIDATES

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

Department of _____

Student's Name _____ CSUS or STPAM _____
Last, First Middle Initial

Term and Year of First Course Counted towards this Degree _____

Result of Written Comprehensive Examinations:

(student fills in all committee member names, then circulates in listing order; members date & sign digitally; indicate Pass/No Pass):

<u>Field</u>	<u>Examiner(s)</u>	<u>Examination Date</u>	<u>Signature</u>	<u>P/NP</u>
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Result of Oral Comprehensive Examinations:

(student fills in all committee member names, then circulates in listing order; members date & sign digitally; indicate Pass/No Pass):

<u>Field</u>	<u>Examiner(s)</u>	<u>Examination Date</u>	<u>Signature</u>	<u>P/NP</u>
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OVERALL PASS or FAIL? _____

Signed _____
Chairperson of Examination Committee Date _____

Signed _____
Department Graduate Program Coordinator Date _____

Signed _____
Department Chairperson Date _____