



**Report on Doctoral Comprehensive Examination**

In Accordance with Program policy, the examination was administered to the student named below and the results were as indicated.

Name of Student: \_\_\_\_\_ AOS: \_\_\_\_\_

Date of Written Examination: \_\_\_\_\_ Oral: \_\_\_\_\_

**I. RESULTS:** (Student passes if no more than 1 unsatisfactory vote)

Please list either "S" for satisfactory or "U" for unsatisfactory.

Typed Name	Signature of Committee Member	Examination Areas	Result
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**II. RECOMMENDATIONS:**

If student passed, the committee made the following suggestions:

If student failed, the committee recommends that:

- (a) the student's matriculation be canceled: yes/no
- (b) the student be scheduled for a re-examination on or before \_\_\_\_\_ after meeting the following conditions:

**Signed:** \_\_\_\_\_  
**Advisor and Chairman of the Committee**