

Doctoral Comprehensive Examination Results

Student ID: _____ **First Name:** _____ **Last Name:** _____
Program: _____

Examination Areas

Examination Areas (s)	Date	Pass	Fail

Results of Examination

	Pass	Fail - Retake Date: _____
Chair _____ Date _____		
	Pass	Fail
Graduate Director _____ Date _____		

Exams which are failed may be repeated once. Indicate the date of the exam retake and return to the School of Graduate Studies. A new exam form will need to be resubmitted for the retake.

SGS Review

School of Graduate Studies _____ Date _____