



Record of Comprehensive Examinations

Student Name _____ PID _____

Term and year of first course counted towards degree _____

Result of Written Comprehensive Examinations:

Field	Examiner(s)	Examination Date	Passed or Failed

Result of Oral Comprehensive Examinations:

Field	Examiner(s)	Examination Date	Passed or Failed

Overall Pass or Fail? _____

Chairperson of Examination Committee

Date

Chairperson of Department

Date

Dean of College

Date