



College of Education & Human Development
 Report of Comprehensive Examination

Name _____ Panther # _____

Email _____ Telephone _____

Doctoral Comprehensive Examinations were administered to the above named doctoral student in the Department of _____ on _____.

The following results are reported:

Passed Failed

Comments:

Signatures below indicate acknowledgment of results reported above.

APPROVALS

Student Signature		Date
Major Advisor/Committee Chair	Signature	Date
Committee Member	Signature	Date
Committee Member	Signature	Date
Committee Member	Signature	Date
Department Chair	Signature	Date

AFTER all signatures of above are obtained, submit form to the Office of Graduate Student Services (GSS), suite 300 College of Education & Human Development.