



College of Education and Human Development

Report of Comprehensive Examinations

Name _____ Panther # _____
 Address _____ Telephone _____
 City, State, ZIP _____ Email _____

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

The following results are reported:

_____ PASSED	_____ FAILED
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Comments:

Signatures below indicate acknowledgment of results reported above.

APPROVALS

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

AFTER all signatures of above are obtained, submit form to the Office of Academic Assistance & Graduate Admissions (OAA), Room 300 College of Education and Human Development.

Monitored by OAA:	Date
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