



# 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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