

I. COMPREHENSIVE EXAMINATION REPORT

DOCTORAL PROGRAM IN _____

This is to certify that a **written comprehensive examination** was administered on _____, and the **oral comprehensive examination** was administered on _____
(Date)
_____, to _____,
(Date) (First Name) (M.I.) (Last Name)

a candidate for the doctorate in _____.

The student PASSED/FAILED the examinations and is therefore
RECOMMENDED/NOT RECOMMENDED for continuation in the program.

FACULTY MEMBERS:

_____ Committee Chair	_____ Date
_____ Member	_____ Date
_____ Member	_____ Date
_____ Member	_____ Date
_____ Graduate Council Representative	_____ Date

II. DISSERTATION STATUS REPORT

DOCTORAL PROGRAM IN _____

Student's Name _____
(First Name) (M.I.) (Last Name)

Student's SS# _____

PROPOSAL DEFENSE: Date held _____ Place _____
Successful _____ Unsuccessful _____

DISSERTATION DEFENSE: Date held _____ Place _____
Successful _____ Unsuccessful _____

DISSERTATION COMMITTEE MEMBERS:

Committee Chair _____ Date _____

Member _____ Date _____

Member _____ Date _____

Member _____ Date _____

Graduate Council Representative _____ Date _____

Graduate Council Representative _____ Date _____