



THE GRADUATE SCHOOL

**Qualifying Exam/Comprehensive Exam Report For
Doctoral Candidates**

Name (as it appears in your student records): _____

Student ID #: 800 _____ Date: _____

Program Of Study: _____

Please Check Either: Qualifying Exam or Comprehensive Exam

Passed: Failed: Date: _____

Re-Examination - Check Either: Qualifying Exam or Comprehensive Exam

Passed: Failed: Date: _____

Committee Signatures: _____

Chair (Print Name and Sign)

Member (Print Name and Sign)

Member (Print Name and Sign)

Member (Print Name and Sign)

Member (Print Name and Sign)

Graduate Coordinator Signature: _____

Dean of the Graduate School Signature: _____