

# COMPREHENSIVE EXAM REPORT

GS-CE-5 (REV. )

**GRADUATE SCHOOL**

NAME	STUDENT ID
EMAIL	TELEPHONE NUMBER
DEGREE ( <i>Ph.D., M.S., M.A., M.Ed., etc.</i> )	MAJOR ( <i>English, Physics, Geology, etc.</i> )

**COMPREHENSIVE EXAM INFORMATION:** (A separate Project or Thesis/Dissertation Defense Report form must be submitted if the defense is combined with the comprehensive exam.)

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Master's Comprehensive  Master's Comprehensive as qualifying for Ph.D. Program  Ph.D. Comprehensive

Pass  Conditional Pass

DATE OF WRITTEN EXAM: \_\_\_\_\_  Conditional Pass  Fail

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**NOTE: ALL PH.D. ORAL EXAMS MUST HAVE AN OUTSIDE EXAMINER PRESENT AT THE EXAM.**

OUTSIDE EXAMINER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
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**APPROVED BY**

COMMITTEE SIGNATURE <input type="radio"/> Chair or <input type="radio"/> Co-Chair	PRINT NAME LEGIBLY	DATE
COMMITTEE SIGNATURE <input type="radio"/> Member or <input type="radio"/> Co-Chair	PRINT NAME LEGIBLY	DATE
COMMITTEE MEMBER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
COMMITTEE MEMBER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
COMMITTEE MEMBER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
DEPARTMENT CHAIR'S SIGNATURE	PRINT NAME LEGIBLY	DATE
COLLEGE/SCHOOL DEAN'S SIGNATURE	PRINT NAME LEGIBLY	DATE

**ORIGINAL SIGNED FORM SHOULD BE SUBMITTED TO THE GRADUATE SCHOOL AFTER ALL OTHER SIGNATURES ARE COMPLETE**

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