STATUS OF COMPREHENSIVE EXAMINATIONS

(The student will submit this form to his or her committee chairperson at the time of the comprehensive written and oral examination)

Name: _____
(last) (First) (Middle Initial)

Degree: check one Ed.D. ☐ Ph.D. ☐ D.A. ☐ D.N.P. ☐

Major field of study: _____

Cognate area(s) _____

Date _____

Check the appropriate blank(s):

☐ Passed comprehensive written examination

☐ Passed comprehensive oral examination

☐ *Failed comprehensive examinations

*Per Graduate School policy, please include a written statement of the reason or reasons for the failure and the time specific for the next examination.

Committee signatures:

1. _____ (Ch) _____ (Date)

2. _____ _____

3. _____ _____

4. _____ _____

5. _____ _____

SUBMIT THIS FORM TO THE GRADUATE SCHOOL, WQ 100

Date received in the Graduate School _____