

**DOCTORAL COMPREHENSIVE EXAMINATIONS**

**PART 1. Application to Take Comprehensive Examination** (To be completed by the student)

**I hereby apply to take comprehensive examinations.**

	Today's Date:	
	EMPL ID#	
Student: _____	Major:	
Address: _____	Degree:	
Address: _____	Expected Date	
	of Comp Exams:	

**PART II. Notification of Eligibility to take Comprehensive Examinations**

(To be completed by the Graduate School and sent to the student's committee chair)

To Committee Chair: \_\_\_\_\_

The Graduate School hereby certifies that it has checked the records of the above-named student and finds him/her eligible to take the doctoral comprehensive examination. Please arrange for these examinations and notify all committee members and the student of the examination schedule.

After the examinations have been evaluated, report the results of the committee's recommendations to the Graduate School using Part III of this form. **This form should be completed and returned to the Graduate School whether the student passed or failed the examination(s).**

\_\_\_\_\_  
 Graduate School Date

**PART III. Results of the Doctoral Comprehensive Examination**

(To be completed by the student's advisory committee)

<u>Examination Area(s)</u>	<u>Date</u>	<u>Results</u>

The following are the committee's recommendations:  
 \_\_\_\_\_

**SIGNATURES OF ADVISORY COMMITTEE:**

	Date		Date
Committee Chairperson		Committee Member	

	Date		Date
Committee Member		Committee Member	

	Date	
Member-At-Large		Date