



COMPREHENSIVE (SECOND) EXAMINATION

Name _____

Specialization _____

BID# _____

Course Work Completed _____

RESULTS OF WRITTEN PORTION

Pass _____ Fail _____

Exam Date _____

Coordinator's Signature _____

RESULTS OF ORAL PORTION

Date _____

Fail _____

Pass _____

____ Student must repeat written and oral portions

____ Student must repeat oral portion ONLY

Concur:

Dissent:

Print Name _____

Print Name _____

Signature _____

Signature _____

Print Name _____

Print Name _____

Signature _____

Signature _____

Print Name _____

Print Name _____

Signature _____

Signature _____

Print Name _____

Print Name _____

Signature _____

Signature _____

Please return to Ms. Leslie De Jesus, PhD Program Office, Room 13-255

Executive Officer _____