



**COMPREHENSIVE (SECOND) EXAMINATION**

Name \_\_\_\_\_

Specialization \_\_\_\_\_

SS# \_\_\_\_\_

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 \_\_\_\_\_

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Signature \_\_\_\_\_

Please return to Mrs. M. Karan, PhD Program Office, Room 929.

Executive Officer \_\_\_\_\_