RECORD OF COMPREHENSIVE EXAMINATIONS
for
DOCTORAL DEGREE AND EDUCATIONAL
SPECIALIST DEGREE CANDIDATES

☐ Check if this is a re-examination because of expired time limits.

Department of

Student's Name ___________________________ Student Number __________
       Last, First Middle Initial

Term and Year of First Course Counted towards this Degree __________________________

Result of Written Comprehensive Examinations:

<table>
<thead>
<tr>
<th>Field</th>
<th>Examiner(s)</th>
<th>Examination Date (MM-DD-YY)</th>
<th>Passed or Failed</th>
</tr>
</thead>
</table>

Result of Oral Comprehensive Examinations:

<table>
<thead>
<tr>
<th>Field</th>
<th>Examiner(s)</th>
<th>Examination Date (MM-DD-YY)</th>
<th>Passed or Failed</th>
</tr>
</thead>
</table>

OVERALL PASS or FAIL? __________________________

Signed __________________________
Chairperson of Examination Committee
Date

Signed __________________________
Graduate Studies Director
Date

______________________________

08/09