

Comprehensive Examination Results Doctor of Philosophy Degree

Name of Studer	nt:		
Graduate Program:		Year of Enrollment	
Time	Date	= Pass or Fail (if fail, notify TGS and provide plans for retake) Place of Examination:	
		= Pass or Fail Place of Examination:	
		= Pass or Fail (if fail, notify TGS and provide plans for retake)	
Time	Date	Place of Examination:	
Oral Exam: Atte	empt #2 : Score:	= Pass or Fail	
Time	Date	Place of Examination:	
		ulty Administering this Examination- Your signature below certifies the results acted according to the procedures approved by TGS for this program. Signature Date	
Examination Cc	ommittee Chair		
Graduate Progr	am Director		
Department Cha	air (For PhD in Nursing	obtain signature from CON Associate Dean for Academic Affairs)	
Dean, The Grac	duate School		

A copy of written examination questions is filed in the office of The Graduate School. The answers are kept in the departmental files.