

Comprehensive Exam Report (PhD, DA, MNS)
Department of Biological Sciences

Place a completed copy of this form in the student's file within 48 hours of the exam and, once the student has passed the comprehensive exam, send a copy to the Graduate School.

Student Name: _____ ID# _____

Exam date; written: _____ oral: _____ Degree program: PhD: _____ DA: _____ MNS: _____

First attempt at exam: yes: _____ no: _____ date of 1st exam: _____

Exam outcome: passed: _____ failed: _____

Comments: (include suggested remedial actions if student did not pass)

Student's signature: _____ date: _____

Advisor:

(print name)	(signature)	(date)
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Committee members:

(print name)	(signature)	(date)
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(print name)	(signature)	(date)
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(print name)	(signature)	(date)
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