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)
Committee members:
____________________________  ___________________________     _______
(print name)      (signature)         (date)
____________________________  ___________________________     _______
(print name)      (signature)          (date)
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(print name)      (signature)          (date)
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(print name)      (signature)          (date)

Updated August 2009