Ph.D.

General Written Comprehensive Exam

Completion Form

Student Name: _____ Student Number:_____

The above named candidate has PASSED FAILED

The written comprehensive examination concluded on _____ according to the Committee.
Date

Signatures of Committee Members
(Please sign full names legibly) Pass Fail

_____ ☐ ☐

Chair

_____

Member

_____

Member

_____

Member

_____

Member

Submitted by: _____ _____ Department/Program:_____
Advisor Date

_____ _____
IMS Coordinating Committee Member Date