REPORT ON THE COMPREHENSIVE EXAM

Student’s Name: _____________

Examiner’s Name: _____________

Topics Covered by the Exam:

(Students should submit copies of the top half of this form to all committee members before the examination period begins. If a committee member has any objections to the topics they should inform the student and advisor before the examination period starts.)

Examination Period: _____________

Examiner’s Comments:

Examiner’s Signature: _____________ Date:_____

Student’s Signature: _____________ Date:_____

This form should be submitted to the Director of Graduate Studies when the comprehensive exam is complete.