

**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.)

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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.