Report on Comprehensive Exam

Form Initiator Role:

First Name: ____________________________ Last Name: ____________________________ Student ID: ____________________________

Email: ____________________________ Phone: ____________________________

Degree: ____________________________ Major: ____________________________

(English, Physics, Geoscience, etc.)

First semester in the program: ____________________________ Year: ____________________________

COMPREHENSIVE EXAM INFORMATION: (A separate Project or Thesis/Dissertation Defense Report form must be submitted if the defense is combined with the comprehensive exam.)

Please choose the option that best describes which exam(s) are required for your program:

Exam Type: ____________________________

Please enter contact information below for the required form approvers.

How many Committee Members are required to sign this form?

Committee Chair/Co-Chair

First Name: ____________________________ Last Name: ____________________________ Email: ____________________________

Department Chair

First Name: ____________________________ Last Name: ____________________________ Email: ____________________________

College/School Dean

First Name: ____________________________ Last Name: ____________________________ Email: ____________________________

Graduate Coordinator

First Name: ____________________________ Last Name: ____________________________ Email: ____________________________

Graduate Coordinator Comments:

Graduate Coordinator Signature ____________________________ Date ____________________________

Role: ____________________________

Committee Chair/Co-Chair Signature ____________________________ Date ____________________________