



Surname: _____ Given Name(s): _____
 Department: _____ ID#: _____
 Supervisor(s): _____
 Program Admission Date: _____ Current Term: _____
 Proposal Title: _____

Academic Record:

Term	Course No.	Title	Grade	Status
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Decision of Examination

Indicate category and required information

CATEGORY 1 **Passed**

Full Name	Signature
_____	_____
_____	_____
_____	_____
_____	_____

All Signatures Required

Name of Chair	Signature of Chair	Date
_____	_____	_____

The Requirements of the PhD Comprehensive Examination Milestone have been satisfied

Signature of Associate Chair, Graduate Studies	Date
_____	_____



Surname: _____

Given Name(s): _____

Department: _____

ID#: _____

CATEGORY 2 **Passed subject to completion of conditions**

Conditions must be met by candidate no later than a year after the comprehensive exam date

Conditions to be met by: (Required) _____ (mm/dd/yy)

The following committee members must review and approve the changes before conditions are satisfied
(Required): _____

List the conditions that must be met by the candidate (Required):

Full Name

Signature

All Signatures Required

Name of Chair

Signature of Chair

Date

The requirements for the PhD Comprehensive Examination Milestone have been satisfied

Signature of Associate Chair, Graduate Studies

Date



Surname: _____

Given Name(s): _____

Department: _____

ID#: _____

CATEGORY 3 **Re-examination Required**

The re-examination must take place within one calendar year after the first examination date.

Student must have re-examination by (Required): _____ (mm/dd/yy)

List the conditions that must be met by the candidate before re-examination (Required):

Full Name

Signature

All Signatures Required

Name of Chair

Signature of Chair

Date

Signature of Associate Chair, Graduate Studies

Date