

**Record of Comprehensive Examinations
For Doctoral Degree Candidates**

Check if this is a re-examination because of expired time limits.

Student's Name:

PID:

College of Education - Department:

Program Code:

Program Name:

Semester and Year of First Course Counted towards this Degree:

Part 1. Field

Examination Date (MM-DD-YY):

Passed

Failed

Examiner(s):

Part 2. Field

Examination Date (MM-DD-YY):

Passed

Failed

Examiner(s):

Student must be registered during the semester in which they take part 2 of their comp exam. This requirement may be waived if the examination is administered during the summer immediately following a spring semester in which the student was registered and/or prior to a fall semester in which the student has already enrolled in at least one course.

We wish to seek the summer term enrollment waiver, because the student meets the waiver criteria.

Overall Pass or Fail? _____ **Overall Pass/Fail Date:** _____

Signed _____ Date _____
Program Coordinator/Designee/Name:

After Program Coordinator/Designee's signature, please submit form to the Graduate Records Office for processing and entry in the appropriate University system.

Date GRO entered in GradAudit _____ FTU Routing # _____