UMass Amherst | College of Education

Doctoral Form D-5

RESULTS OF COMPREHENSIVE/QUALIFYING EXAMINATION

Please type (handwritten forms will not be accepted):

Student's Name	**Spire ID Number**
Local/Cell Phone Number	**Email Address**

Concentration:_____

From: Chair of Comprehensive Examination Committee

To: Dean of the Graduate School via Dr. Nina Tissi-Gassoway, Graduate Program Director

A comprehensive examination was administered to the above named candidate on (Date of Examination) _____/____/____. It was the decision of the Committee that they:
Month Day Year

☐ **PASSED** ☐ **FAILED** ☐ **OTHER (EXPLAIN)**

FULL NAME	**SIGNATURE**	**DATE**
Committee Chair		
Committee Member		
Committee Member		
Committee Member (Optional)		
Committee Member (Optional)		

Approved:

Dr. Nina Tissi-Gassoway, Graduate Program Director	**Date**

The original is to be filed with the Office of Academic Affairs (Furcolo Hall).