

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. Shane Hammond, 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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PASSED	FAILED	OTHER (EXPLAIN)

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

Approved:

Dr. Shane Hammond, Graduate Program Director	Date
---	-------------

The original is to be filed with the Office of Academic Affairs (Room W114, Furcolo Hall).