

## Doctoral Comprehensive Exam/Defense

This is to certify that \_\_\_\_\_  
Student's Name Student ID #

has passed the Doctoral Comprehensive Exam/Defense in compliance with the Graduate School

Requirements for the **Ph. D in Regional Planning** on \_\_\_\_\_  
Date

Chair \_\_\_\_\_ Signature \_\_\_\_\_

Member \_\_\_\_\_ Signature \_\_\_\_\_

Member \_\_\_\_\_ Signature \_\_\_\_\_

Member \_\_\_\_\_ Signature \_\_\_\_\_

\*If you have (an) outside committee member(s), please indicate their department/institution.

Graduate Program Director \_\_\_\_\_ Signature \_\_\_\_\_