Report of Results of Interdisciplinary Ph.D. Comprehensive Examination

Student’s Name: ___________________________________________ Student ID#: ____________________________

Candidate’s Primary Discipline: ________________________________________________________________

Candidate’s Co-Discipline(s): ________________________________________________________________

Format of Comprehensive Examination:

[Check the boxes below that apply to this student]  

☐ Written only  Date(s)_________________________ / # of Hrs. (per day)________  

☐ Oral only  Date(s)_________________________ / # of Hrs. (per day)________  

☐ Written and Oral  Date(s)_________________________ / # of Hrs. (per day)________  

☐ Other Format Combinations [Please specify]:  Date(s)_________________________ / # of Hrs. (per day)________

RESULTS OF EXAMINATION:

☐ PASSED the Comprehensive Examinations and is now a Doctoral Candidate (student is considered to have passed the comprehensive examination if all, or all but one member, of the examining committee vote that the candidate passes)

☐ DID NOT FULLY PASS at this taking. Remedial measures have been recommended and student may re-apply to take all or specified portions of the Comprehensive Examination after 12 weeks.

☐ FAILED the Comprehensive Exam and the Examining Committee recommends termination as an Interdisciplinary Ph.D. student.

☐ FAILED the second Comprehensive Exam attempt and is automatically terminated from the Interdisciplinary Ph.D. program.

CERTIFICATION OF RESULTS OF DOCTORAL COMPREHENSIVE EXAMINATION:

The above named student has completed the Doctoral Comprehensive Examination with the following results:

☐ PASSED COMPREHENSIVE EXAMINATION and advanced to CANDIDACY

☐ DID NOT PASS first administration of the COMPREHENSIVE EXAMINATION

☐ FAILED COMPREHENSIVE EXAMINATION and is terminated from Ph.D. program on basis noted above.

Dean of School of Graduate Studies:__________________________________________ Date Certified:_______________

Signatures and Evaluations of Examining Committee Members: (attach one evaluation form for each committee member)

The CHAIR OF THE EXAMINING COMMITTEE obtains evaluations and signatures of other members of the Examining Committee and transmits the signed form to the Dean of the School of Graduate Studies no later than one month after the termination of the examination. The Dean of the School of Graduate Studies certifies and informs the Student and the Registrar of the final results of the examination.
Chair Signature ____________________________________ Date ________________________________

Print Name ______________________________________

**Disciplinary Knowledge: Evidence of disciplinary knowledge in the primary discipline**

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<thead>
<tr>
<th>Superior □</th>
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Additional Comments: ____________________________________________

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Co-Discipline Adviser Signature ___________________________ Date

Print Name ____________________________________________

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Member 3 Signature

Date

Print Name

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Revised Fall 2014