



## Doctoral Comprehensive Exam Approval Page

Name of Candidate \_\_\_\_\_

Student ID Number \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

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\_\_\_\_\_

First Reader \_\_\_\_\_

Signature \_\_\_\_\_

Check One: Pass \_\_\_\_\_ Pass with Honors \_\_\_\_\_ Conditional \_\_\_\_\_

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Second Reader \_\_\_\_\_

Signature \_\_\_\_\_

Check One: Pass \_\_\_\_\_ Pass with Honors \_\_\_\_\_ Conditional \_\_\_\_\_

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Third Reader (if applicable) \_\_\_\_\_

Signature \_\_\_\_\_

Check One: Pass \_\_\_\_\_ Pass with Honors \_\_\_\_\_ Conditional \_\_\_\_\_

*Please submit this form to the Academic Services Associate  
for your program.*