



Doctoral Comprehensive Exam Approval Page

Name of Candidate _____

Student ID Number _____

Date _____

Title _____

First Reader _____

Signature _____

Check One:

Pass with Distinction___ Pass/Acceptable___ Conditional/Revisions___ Unacceptable/Fail___

Second Reader _____

Signature _____

Check One:

Pass with Distinction___ Pass/Acceptable___ Conditional/Revisions___ Unacceptable/Fail___

Third Reader (if applicable) _____

Signature _____

Check One:

Pass with Distinction___ Pass/Acceptable___ Conditional/Revisions___ Unacceptable/Fail___

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