**COMPREHENSIVE EXAMINATION APPROVAL FORM**
Submit to Student Services When Completed

The Primary Research Mentor (Chair, Doctoral Committee) should complete this form when the student has successfully completed the requirements for the Comprehensive Examination. According to the SHRS Handbook, the purpose of the Comprehensive Examination is to assess the student’s depth of knowledge and ability to use research methods in the area of specialization.

Student’s Name: _____________________________ PeopleSoft ID: __________________

Date of successful completion of Comprehensive Exam: ________________________ [CED]

<table>
<thead>
<tr>
<th>ORIGINAL</th>
<th>RETAKE</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>P CP F</td>
<td>P CP F</td>
<td>Basic Science, Clinical Science, Social Science, Engineering, etc.</td>
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<td>P CP F</td>
<td>P CP F</td>
<td>Theory</td>
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<tr>
<td>P CP F</td>
<td>P CP F</td>
<td>Experimental Methods, Research Design, Technology</td>
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</tbody>
</table>

Date: Date:

If “CP” for conditional pass SEE BELOW

Doctoral Committee Chair: Signature School or Affiliation Graduate Faculty
(Typed/Printed Name) (Yes, No)

__________________________________________  ________________________________  __________________________  ____________

Examination Committee Members: Signature School or Affiliation Graduate Faculty
(Typed/Printed Name) (Yes, No)

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Note: For Conditional Pass, please inform the ADG what is to be done by the student and indicate written or oral. Attach a separate sheet with details and a timeline.