

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]

ORIGINAL		RETAKE		Content		
P	CP	F	P	CP	F	Basic Science, Clinical Science, Social Science, Engineering, etc.
P	CP	F	P	CP	F	Theory
P	CP	F	P	CP	F	Experimental Methods, Research Design, Technology
Date:		Date:				
If "CP" for conditional pass		SEE BELOW				

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

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

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.