

REPORT OF COMPREHENSIVE EXAMINATION FOR THE Ph.D. DEGREE

To be submitted at least five months prior to dissertation defense

Name of candidate:

Department and General Field: _____

Specialty: _____

Date, time, location of exam: _____

Approval of scheduling: _____

(Department Chair)

(Date)

RESULTS OF COMPREHENSIVE EXAM

The candidate has undertaken the comprehensive examination within the approved period, with the following results:

Oral exam:

Written exam:

Passed _____ Failed _____

Passed _____ Failed _____

Date _____

Date _____

Dissertation Committee Signatures:

Major professor: _____

Committee members: _____

Submitted by: _____

(Department Chair)

(Date)

Acknowledged: _____

(Dean of Graduate Education)

(Date)

Original: Academic and Enrollment Services

Copies: Candidate, Major Professor, Department Head, Student graduate division file

(SDSMT-GE Rev. 10/05)