



## Report on Comprehensive Exam/Thesis Defense

**\*\*Masters Students Only\*\***

Student ID#: \_\_\_\_\_

This report certifies that on:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name

Completed the following event:

- Comprehensive Examination      Passed ☐      Failed ☐
- Defense of Thesis      Passed ☐      Failed ☐

as prescribed and required for the degree of: \_\_\_\_\_

The Graduate School recommends all comments regarding the exam be ***made in writing*** to the student. This document is meant solely to inform The Graduate School of the pass or fail on the event noted. This form is not to be submitted by the student.

### Examining Committee Signatures

#### Approvals:

Print Name

Signature

#### How did you attend?

In  
Person

Video

\_\_\_\_\_  
(Chair)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Dissenters (if any):** \_\_\_\_\_

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
The Graduate School

\_\_\_\_\_  
Date



## Report on Comprehensive Exam/Dissertation Defense

**\*\*Doctoral Students Only\*\***

Student ID#: \_\_\_\_\_

This report certifies that on:

\_\_\_\_\_ Date \_\_\_\_\_ Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Completed the following event:

- |                                     |                                 |                                 |
|-------------------------------------|---------------------------------|---------------------------------|
| • Written Comprehensive Examination | Passed <input type="checkbox"/> | Failed <input type="checkbox"/> |
| • Oral Comprehensive Examination    | Passed <input type="checkbox"/> | Failed <input type="checkbox"/> |
| • Defense of Dissertation           | Passed <input type="checkbox"/> | Failed <input type="checkbox"/> |

as prescribed and required for the degree of: \_\_\_\_\_

The Graduate School recommends all comments regarding the exam be ***made in writing*** to the student. This document is meant solely to inform The Graduate School of the pass or fail on the event noted. This form is not to be submitted by the student.

### Examining Committee Signatures

#### Approvals:

#### How did you attend?

Print Name

Signature

In Person Video

_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Chair)	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

(Optional Graduate Representative)\*

\*Note: The Graduate Representative must file a separate report to The Graduate School within one (1) week of the exam or defense.

**Dissenters (if any):** \_\_\_\_\_

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
The Graduate School

\_\_\_\_\_  
Date