CLEAR FORM

PHD ADMISSION TO CANDIDACY COMPREHENSIVE EXAM

TO: College of Graduate Studies

FROM: Dean of College or Associate Dean or Director of Doctoral Programs _____

Director of Doctoral Studies or Departmental Chair _____

RE: Comprehensive Exam for: _____
(Student's Name)

Date of Examination: _____

Student T Number: _____ **Major**: _____

A comprehensive examination has been conducted for the above named student who is seeking candidacy for the following degree:

(Check one)

- ☐ Ph.D. Engineering
- ☐ Ph.D. Environmental Sciences
- ☐ Ph.D. Exceptional Learning
- ☐ DNP Nursing

(Check appropriate)

- ☐ The student **HAS** passed all portions of the comprehensive examination and is recommended for Candidacy.
- ☐ The student **HAS NOT** passed this examination and cannot continue in the degree program.
- ☐ The student **HAS NOT** passed all portions for the comprehensive examination and shall return for a second attempt. Date: _____

COMMITTEE APPROVAL:

Pass	Fail	Signature	Print name	
☐	☐	_____		Chair, Advisory Committee
☐	☐	_____		, Member
☐	☐	_____		, Member
☐	☐	_____		, Member
☐	☐	_____		, Member
☐	☐	_____		, Member
☐	☐	_____		, Member