

COMPREHENSIVE EXAMINATION FORM

Student Name: _____ Date: _____

SID: _____ Year of Study: _____

Advisor: _____

*** Each examiner voting for distinction must write a separate page explaining why this grade is merited.** An e-mail to the DGS with a copy to the Graduate Registrar will suffice. (Department target for distinction: 15% of all students)

WRITTEN COMPONENT SUBMITTED: _____ **GRADE:** _____

OVERALL GRADE: FAIL PASS PASS WITH DISTINCTION

Major Field: _____

Examiner Name: _____ Signature: _____

Comments: _____

Major Field Grade (circle one): FAIL PASS PASS WITH DISTINCTION*

First Minor Field: _____

Examiner Name: _____ Signature: _____

Comments: _____

Minor Field Grade (circle one): FAIL PASS PASS WITH DISTINCTION*

Second Minor Field: _____

Examiner Name: _____ Signature: _____

Comments: _____

Minor Field Grade (circle one): FAIL PASS PASS WITH DISTINCTION*

Optional Third Minor Field: _____

Examiner Name: _____ Signature: _____

Comments: _____

Minor Field Grade (circle one): FAIL PASS PASS WITH DISTINCTION*