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*