

HACE Departmental Ph.D. Oral Comprehensive Exam Form

Student's Name _____

Date of oral examination _____

Results of oral examination:

Pass

Fail

Major Professor

Remedial work prescribed, if any: *(Give specific details of the nature of the remedial work).*

Date remedial work must be completed: _____

Date of scheduled written re-examination, if any: _____

Graduate Coordinator: _____

Signature

Date

Revised 8/98