

**HACE Departmental Ph.D. Written Comprehensive Exam Form**

Student's Name \_\_\_\_\_

Date of written examination \_\_\_\_\_

Results of written 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