

FHCE 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