

FHCE 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