**Comprehensive Exam Report (PhD, DA, MNS) Department of Biological Sciences**

**Place a completed copy of this form in the student’s file within 48 hours of the exam and, once the student has passed the comprehensive exam, send a copy to the Graduate School.**

Student Name: ID#

Exam date; written: oral: Degree program: PhD: DA: MNS:

First attempt at exam: yes: Exam outcome: passed:

no: failed:

date of 1st exam:

Comments: (include suggested remedial actions if student did not pass)

Student’s signature: date:

Advisor:

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| --- | --- | --- | --- | --- | --- |
| (print name)  Committee members: |  | (signature) |  |  | (date) |
| (print name) |  | (signature) |  |  | (date) |
| (print name) |  | (signature) |  |  | (date) |
| (print name) |  | (signature) |  |  | (date) |
| (print name) |  | (signature) |  |  | (date) |

Updated August 2009