Doctoral Comprehensive Examination Evaluation

Student: ____________________________  Date of Examination: ____________________

I certify that the above-named student has performed in the following category in this examination: (Specify 1, 2, 3, or 4. Decimals may be used, e.g., 3.5.)

<table>
<thead>
<tr>
<th>Pass</th>
<th>Pass with Qualifications</th>
<th>Fail</th>
</tr>
</thead>
</table>

I note the following strengths and weaknesses: ____________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

_________________________________________  ______________________
Signature of Committee Chair            Date

(please print name)

☐ Final approval that all qualifications have been completed.

_________________________________________  ______________________
Signature of Committee Chair            Date

_________________________________________  ______________________
Signature of Graduate Coordinator       Date