

BRIGHAM YOUNG UNIVERSITY
DEPARTMENT OF PLANT AND ANIMAL SCIENCES

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.)

<u>Pass</u>	<u>Pass with Qualifications</u>	<u>Fail</u>
5. Outstanding 4. Adequate	3. Retake a Portion	2. Marginal 1. Poor

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