



# Oral Comprehensive Examination Report

Student Name: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Year of Matriculation: \_\_\_\_\_

Overall Evaluation:    Pass    Fail

Evaluation Criteria: *(please provide overall evaluation and comments)*

Written Proposal:	Pass	Fail

Oral Defense:	Pass	Fail

Breadth of Knowledge:	Pass	Fail

For fail, indicate the plan developed for re-evaluation:

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Deadline for completion (within 4 months):

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Signature – Committee Chair

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Signatures - Committee

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