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**DOCTORAL DEGREE ADMISSION TO CANDIDACY/
 COMPREHENSIVE EXAMINATION REPORT**

Please fill out on-line and print for signatures (No Handwritten forms will be accepted)

Name: _____		R #: _____	
Last	First	Middle	Former
Graduate Program: _____		Degree: _____	
Residency Requirement Satisfied: (Two successive semesters of nine (9) or more credits)		Semester/Year	Semester/Year
Foreign Language or Alternative: _____		<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Not Required
Comprehensive Examination:			
Written: Date taken: _____		Passed: <input type="checkbox"/> Failed: <input type="checkbox"/> Not Required: <input type="checkbox"/>	
Oral: Date taken: _____		Passed: <input type="checkbox"/> Failed: <input type="checkbox"/> Not Required: <input type="checkbox"/>	
Chair Name (Print), Advisory Committee		Chair, Signature	Date
Committee Member Name (Print),		Committee Member, Signature	Date
Committee Member Name (Print),		Committee Member Signature	Date
Committee Member Name (Print),		Committee Member Signature	Date
Committee Member Name (Print),		Committee Member Signature	Date
Graduate School Representative Name (Print),		Graduate School Representative Signature	Date
Graduate Program Director Name (Print),		Graduate Programs Directors Signature	Date
APPROVED:			
Graduate Dean			Date