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

Name: _____ **SS#:** _____
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:

Fulfilled ()

Not Required ()

Comprehensive Examination:

Written: _____
Date

Passed ()

Failed ()

Not Required ()

Oral: _____
Date

Passed ()

Failed ()

Not Required ()

Chair, Advisory Committee

Date

Committee Member Signature

Date

Committee Member Signature

Date

Committee Member Signature

Date

Committee Member Signature

Date

Graduate School Representative

Date

Graduate Director Signature

Date

APPROVED:

Graduate Dean

Date