CLEAR FORM

# PHD ADMISSION TO CANDIDACY COMPREHENSIVE EXAM

**TO**: College of Graduate Studies

**FROM**: Dean of College or Associate Dean or Director of Doctoral Programs _____

Director of Doctoral Studies or Departmental Chair _____

**RE**: Comprehensive Exam for: _____
(Student's Name)

Date of Examination: _____

**Student T Number**: _____ **Major**: _____

A comprehensive examination has been conducted for the above named student who is seeking candidacy for the following degree:

(Check one)
- ☐ Ph.D. Engineering
- ☐ Ph.D. Environmental Sciences
- ☐ Ph.D. Exceptional Learning; or Counseling & Supervision
- ☐ DNP Nursing

(Check appropriate)
- ☐ The student **HAS** passed all portions of the comprehensive examination and is recommended for Candidacy.
- ☐ The student **HAS NOT** passed this examination and cannot continue in the degree program.
- ☐ The student **HAS NOT** passed all portions for the comprehensive examination and shall return for a second attempt. Date: _____

## COMMITTEE APPROVAL:

| Pass | Fail | Signature | Print name | |
|---|---|---|---|---|
| ☐ | ☐ | | | Chair, Advisory Committee |
| ☐ | ☐ | | | , Member |
| ☐ | ☐ | | | , Member |
| ☐ | ☐ | | | , Member |
| ☐ | ☐ | | | , Member |
| ☐ | ☐ | | | , Member |
| ☐ | ☐ | | | , Member |