

Committee Comprehensive Examination Evaluation
Form 5b

Student Name _____ Area of Specialization _____

Date of Written Exam _____ Date of Oral Exam _____

After evaluating a vote by the committee, circle the **FINAL** grade: **Pass** **Deficient*** **Fail**

*In the case of a Deficient grade, list specific remedial work that needs to be accomplished and weak content portions of the exam which need to be retaken:

committee chair signature	printed name	date
committee member signature*	printed name	date
committee member signature*	printed name	date
committee member signature*	printed name	Date
committee member signature*	printed name	date
committee member signature*	printed name	date
committee member signature*	printed name	Date
graduate coordinator signature	printed name	date