Instructions for Comprehensive Exam Report

Note: This is a fillable form that eliminates the need to print-out and write-in your answers. You can simply fill-out the form electronically, and then print-out the results. This fillable capability however does not allow you to save the information that you have electronically filled-in.

1. Enter all required information, except for that related to the results of the examination and print form.
2. Submit form to Committee Chairperson. Chairperson will enter result of the Comprehensive Exam and sign the form.
3. Acquire (typically done by Chairperson) necessary signatures from
   a. Committee members.
   b. Graduate Advisor.
4. Graduate Advisor should submit form with the original signatures to the Graduate School.

Reminder: Make sure you retain a copy for your records. You must print the document and mail it in or bring it to the UT Arlington Graduate School office at the address below.

Graduate School
Room 333 Davis Hall
PO Box 19167
Arlington, TX 76019-0167
The GRADUATE SCHOOL
THE UNIVERSITY OF TEXAS AT ARLINGTON

COMPREHENSIVE EXAMINATION REPORT

Under the direction of the supervising committee, __________________________ (Last Name) __________________________ (First Name) M.I,
________________________ (UT Arlington ID Number) candidate for the Doctor of Philosophy Doctor of Science degree in
________________________ (Program) completed the comprehensive examination on
________________________ Date (mm/dd/yy)

☐ Passed, approval and recommendation to begin dissertation research and preparation under supervision of:

(Specify Dissertation Supervisor i.e., Chairman of the Dissertation Committee)

☐ Failed, with permission to meet any additional requirements and to retake the examination as specified by the examining committee

Additional requirements:

(Specify conditions)

Reevaluation required by:

(Specify period of time or date; reevaluation shall be no later than the end of the next long semester)

☐ Failed: recommendation not to continue in the program.

Form of Examination:

☐ Written only; date(s) taken: __________________________

☐ Oral only; date(s) taken: __________________________

☐ Written and oral; date(s) of written portion: __________________________

date(s) of oral portion: __________________________

Name (typed) ______________ Signature ______________ Date(mm/dd/yy) __________________________

Committee Chairman __________________________

Committee Member __________________________

Committee Member __________________________

Committee Member __________________________

Committee Member __________________________

Graduate Advisor __________________________

The original and all copies must be submitted to the Dean of the Graduate School