

COMPREHENSIVE EXAM REPORT

GS-CE-5 (REV. 05/11/16)



NAME	STUDENT ID
EMAIL	TELEPHONE NUMBER
DEGREE (<i>Ph.D., M.S., M.A., M.Ed., etc.</i>)	MAJOR (<i>English, Physics, Geology, etc.</i>)

COMPREHENSIVE EXAM INFORMATION: (A separate Project or Thesis/Dissertation Defense Report form must be submitted if the defense is combined with the comprehensive exam.)

Please choose the option that best describes which exam(s) are required for your program: Written Only Oral Only Both are required (Forms for each can be submitted separately, if desired.)

Exam Type: Master's Comprehensive (M.Ed., M.S., M.A., M.F.A, etc.) Master's Comprehensive as qualifying for Ph.D. Program Ph.D. Comprehensive

DATE OF ORAL EXAM: _____ Pass Conditional Pass Fail

DATE OF WRITTEN EXAM: _____ Pass Conditional Pass Fail

CONDITIONAL PASS: Please state requirements for passing. When conditions have been met, a new Comprehensive Exam Report form must be submitted which indicates "PASS."

OUTSIDE EXAMINER

NOTE: ALL PH.D. ORAL EXAMS MUST HAVE AN OUTSIDE EXAMINER PRESENT AT THE EXAM.

OUTSIDE EXAMINER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
------------------------------	--------------------	------

APPROVED BY

COMMITTEE SIGNATURE <input type="radio"/> Chair or <input type="radio"/> Co-Chair	PRINT NAME LEGIBLY	DATE
COMMITTEE SIGNATURE <input type="radio"/> Member or <input type="radio"/> Co-Chair	PRINT NAME LEGIBLY	DATE
COMMITTEE MEMBER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
COMMITTEE MEMBER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
COMMITTEE MEMBER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
DEPARTMENT CHAIR'S SIGNATURE	PRINT NAME LEGIBLY	DATE
COLLEGE/SCHOOL DEAN'S SIGNATURE	PRINT NAME LEGIBLY	DATE

ORIGINAL SIGNED FORM SHOULD BE SUBMITTED TO THE GRADUATE SCHOOL AFTER ALL OTHER SIGNATURES ARE COMPLETE

GRADUATE SCHOOL | PO BOX 757560 FAIRBANKS, AK 99775-7560 | TEL: 907-474-7464 | FAX: 907-474-1984 | EMAIL: uaf-grad-school@alaska.edu
202 EIELSON BUILDING