

University of Alaska Fairbanks Graduate School

REPORT ON COMPREHENSIVE EXAM

DATE: _____

NAME: _____ STUDENT ID# _____

EMAIL ADDRESS: _____ PHONE # _____

DEGREE: _____ PROGRAM: _____

Exam Information:

Type: M.S. M.S. Comprehensive Ph.D. Comprehensive
 M.A. } Comprehensive as qualifying
 M.F.A. } For Ph. D. program

Date of Oral Exam: _____ Pass Conditional Pass Fail

Date of Written Exam: _____ Pass Conditional Pass Fail

Conditional Pass: Please state the requirements for passing. When these requirements have been met a new Report on Comprehensive Exam should be submitted which indicates "PASS."

NOTE: ALL PH.D. ORAL EXAMS MUST HAVE AN OUTSIDE EXAMINER PRESENT AT THE EXAM. A REQUEST FOR OUTSIDE EXAMINER SHOULD BE SUBMITTED TO THE GRADUATE SCHOOL AT LEAST 10 WORKING DAYS PRIOR TO THE EXAM.

PRINT NAMES:	SIGNATURES:
ADVISOR (If not on Exam Committee):	
EXAM COMMITTEE:	
OUTSIDE EXAMINER:	
DEPT. CHAIR	
DEAN:	