

Report on Comprehensive Exam

Form Initiator Role: *

First Name: *

Last Name: *

Student ID: *

Email: *

Phone: *

Degree: *

Major: *

(English, Physics, Geoscience, etc.)

First semester in the program: * Year: *

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: *

Exam Type: *

Initiator Signature Date

Student Signature Date

Please enter contact information below for the required form approvers.

How many Committee Members are required to sign this form? *

Committee Chair/Co-Chair First Name: * Last Name: * Email: *

Department Chair First Name: * Last Name: * Email: *

College/School Dean First Name: * Last Name: * Email: *

Graduate Coordinator First Name: * Last Name: * Email: *

APPROVALS

Graduate Coordinator Comments:

Graduate Coordinator Signature Date

Role: *

Committee Chair/Co-Chair Signature Date

Department Chair Signature

Date

College/School Dean Signature

Date

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Initiator Signature

Date:

SAMPLE