# Doctoral Comprehensive Examination Evaluation

Student: ___________________________          Date of Examination:  ________________

I certify that the above-named student has performed in the following category in this examination: (Specify 1, 2, 3, or 4. Decimals may be used, e.g., 3.5.)

<table>
<thead>
<tr>
<th></th>
<th>Pass</th>
<th>Pass with Qualifications</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Poor</td>
<td></td>
<td></td>
<td>1. Poor</td>
</tr>
</tbody>
</table>

I note the following strengths and weaknesses: _______________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________                    __________________________
Signature of the Senior Committee Member                               Date

(Please print name)

☐ Final approval that all qualifications have been completed.

______________________________                    __________________________
Signature of the Senior Committee Member                               Date

______________________________                    __________________________
Signature of Graduate Coordinator                                         Date