

BRIGHAM YOUNG UNIVERSITY
DEPARTMENT OF PLANT AND WILDLIFE SCIENCES

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.)

<u>Pass</u>		<u>Pass with Qualifications</u>	<u>Fail</u>	
5. Outstanding	4. Adequate	3. Retake a Portion	2. Marginal	1. Poor

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