### **Committee Comprehensive Examination Evaluation**

Form 5b

Student Name **.** Area of Specialization **.**

Date of Written Exam **.** Date of Oral Exam **.**

After evaluating a vote by the committee, circle the **FINAL** grade: **Pass Deficient**\* **Fail**

\*In the case of a Deficient grade, list specific remedial work that needs to be accomplished and weak content portions of the exam which need to be retaken:

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| committee chair signature |  | printed name |  | date |
|  |  |  |  |  |
| committee member signature\* |  | printed name |  | date |
|  |  |  |  |  |
| committee member signature\* |  | printed name |  | date |
|  |  |  |  |  |
| committee member signature\* |  | printed name |  | Date |
|  |  |  |  |  |
| committee member signature\* |  | printed name |  | date |
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| committee member signature\* |  | printed name |  | date |
|  |  |  |  |  |
| committee member signature\* |  | printed name |  | Date |
|  |  |  |  |  |
| graduate coordinator signature |  | printed name |  | date |