NOTIFICATION OF RESULTS OF THE PH.D. COMPREHENSIVE EXAMINATION

(To be returned to The Graduate School no later than ONE WEEK after the examination)

TO: The Graduate School

This is to notify you that __________________________________________

Student Name __________________________________________

MaineStreet ID (7 Digit)

in the field of __________________________________________ on ______________________

Field Date

☐ has successfully passed the comprehensive examination

☐ has provisionally passed the comprehensive exam, subject to the following conditions:

☐ __________________________________________

☐ __________________________________________

☐ __________________________________________

☐ __________________________________________

☐ __________________________________________

☐ __________________________________________

Successful completion of all conditions must be achieved by ______________________ (date) or the provisional pass will convert to a fail. Upon successful completion of the conditions; resubmit this form with the non-provisional box checked and signatures of the advisory committee (the candidate will subsequently be admitted to candidacy).

☐ has not passed the comprehensive examination

ADVISORY COMMITTEE:
(Signatures)

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Graduate Coordinator

Revised 10/14