

# IS PhD Comprehensive Examination

Name:

Test Date/Semester:

Attempt:

Courses Completed:

Course Number	Course Name	Semester Completed	Grade

Independent Studies:

Course Number	Course Name	Semester Completed	Grade

\*\*Please attach brief descriptions of your Independent Study topics

Areas:

1)

2)

Committee Members: (please designate mentor with by \*)

1)Name:  
Area:

2)Name:  
Area:

3)Name:  
Area:

4)Name:  
Area:

Graduate Committee Member:

Examination Decision:

\_\_\_Pass            \_\_\_Fail

Committee Signatures:

- 1)
- 2)
- 3)
- 4)
- 5)