


Instructions for Comprehensive Exam Report

Note: This is a fillable form that eliminates the need to print-out and write-in your answers. You can simply fill-out the form electronically, and then print-out the results.

1. Enter all required information, except for that related to the results of the examination and print form.
2. You can save a filled copy of this form on your computer by clicking on the  icon on your browser.
3. Submit form to Committee Chairperson. Chairperson will enter result of the Comprehensive Exam and sign the form.
4. Acquire (typically done by Chairperson) necessary signatures from
 - a. Committee members.
 - b. Graduate Advisor.
5. Graduate Advisor should submit form with the original signatures to the Office of Records and Registration.

Reminder: Make sure you retain a copy for your records. You must print the document and mail it in or bring it to the UTA Records and Registration Office at the address below.

Office of Records and Registration
University of Texas at Arlington
Box 19088 · Arlington, TX 76019-0088
Phone: 817-272-3372
Fax: 817-272-3223
Email: Ask Records and Registration

COMPREHENSIVE EXAMINATION REPORT

Under the direction of the supervising committee, _____
(Last Name) (First Name) (M.I.)

1000

_____, candidate for the Doctor of Philosophy degree in
(UT-Arlington ID Number)

_____ completed the comprehensive examination on
(Program)

_____ with the following results.
Date (mm/dd/yy)

Passed, approval and recommendation to begin dissertation research and preparation under supervision of:

(Specify Dissertation Supervisor i.e. , Chairman of the Dissertation Committee)

Passed, approval to remain in the program upon meeting specified additional requirements: _____

Failed, with permission to retake the examination after certain period as specified by the examining committee: _____

Failed, recommendation not to continue in the program.

Form of Examination:

Written only; date(s) taken: _____

Oral only; date(s) taken: _____

Written and oral; date(s) of written portion: _____

date(s) of oral portion: _____

Name (typed)

Signature

Date(mm/dd/yy)

Committee Chair

Committee Member

Committee Member

Committee Member

Committee Member

Graduate Advisor