



Doctoral Comprehensive Examination Results Form

(This form should be completed and filed with the Graduate School within one month of exam completion)

Student name: _____
(Last Name, First Name)

Mizzou ID number: _____ Degree (i.e PhD, EdD, etc.): _____

Academic program: _____ Major: _____

Program Address: _____ Emphasis area: _____
(If applicable)

The above-named candidate has PASSED FAILED

The examination concluded on _____ according to this committee.
 DATE

Signatures of doctoral committee members

(Please sign full names legibly)

	Pass	Fail
Chair: _____ <i>print & sign</i>	<input type="checkbox"/>	<input type="checkbox"/>
Outside member: _____ <i>print & sign</i>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <i>print & sign</i>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <i>print & sign</i>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <i>print & sign</i>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <i>print & sign</i>	<input type="checkbox"/>	<input type="checkbox"/>

_____ Director of graduate studies	_____ Date	_____ Dean of the graduate school	_____ Date
---------------------------------------	---------------	--------------------------------------	---------------

DO NOT WRITE IN THIS BOX (Office use only)	MILESTONE ___ RPCO ___ Date copies sent to members and director of graduate Studies: _____
---	---