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## Results of Doctoral Comprehensive Examination (Written)

To: The Dean of The Graduate School

From: \_\_\_\_\_  
Print Name of Candidate's Committee Chair or Committee Co-Chairs

School/Department: \_\_\_\_\_

Date: \_\_\_\_\_

RE: Results of Doctoral Comprehensive Examination (Written Portion)

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The purpose of the written examination is to evaluate the student's overall mastery of a body of knowledge and skills after most of the program of study is completed; test the candidate's knowledge of all transferred courses; discover any weaknesses in the candidate's knowledge that need to be remedied by additional courses or other instruction; and that the student may proceed to the oral portion of the comprehensive examination.

Degree Candidate: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Date of Written Examination: \_\_\_\_\_

Competency Rating:      Pass      Conditional Pass      Fail

If Conditional Pass, please complete the following:

Conditions:          Due Date: _____
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Comments:

Committee Chair: \_\_\_\_\_  
Signature Date

\_\_\_\_ Original Form to Graduate School

\_\_\_\_ Copy to Department / Graduate Program Director