

RESULTS OF COMPREHENSIVE EXAMINATION

To be completed by end of Semester 3 Due: _____

Name of student: _____ Student ID: _____ Start date: _____

Examination Date: _____

EXAMINATION RESULTS:

Supervisor/ Co-supervisor:

_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name	Signature	Date	Pass	Conditionally Approved	Fail
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name	Signature	Date	Pass	Conditionally Approved	Fail

Comprehensive Examination Committee:

_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name	Signature	Date	Pass	Conditionally Approved	Fail
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name	Signature	Date	Pass	Conditionally Approved	Fail
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name	Signature	Date	Pass	Conditionally Approved	Fail
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name	Signature	Date	Pass	Conditionally Approved	Fail

Chair of Comprehensive Examination Committee:

Name Signature Date

Graduate Coordinator:

Name Signature Date

