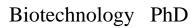


RESULTS OF COMPREHENSIVE EXAMINATION

To be completed by end of Semester 3 Due: _ Name of student: **Student ID: Start date: Examination Date: EXAMINATION RESULTS: Supervisor/ Co-supervisor:** Name Signature Date Conditionally Approved Pass Name Signature Date Conditionally Approved **Pass Comprehensive Examination Committee:** Conditionally Fail Approved Pass Name Signature Date Name Signature Date Conditionally Fail Approved **Pass** Conditionally Fail Approved Name Signature Date Pass Date Name Signature Conditionally Approved Pass **Chair of Comprehensive Examination Committee:** Signature Name Date **Graduate Coordinator:** Name Signature Date





COMMENTS/DESCRIPTION OF CONDITIONS:		
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Chair of Comprehensive Examination Committee:		
Name	Signature	Date