## COMPREHENSIVE EXAMINATION APPROVAL FORM Submit to Student Services When Completed

The Primary Research Mentor (Chair, Doctoral Committee) should complete this form when the student has successfully completed the requirements for the Comprehensive Examination. According to the SHRS Handbook, the purpose of the Comprehensive Examination is to assess the student's depth of knowledge and ability to use research methods in the area of specialization.

Student's Name:					PeopleSoft ID:			
e of su	ccess	sful (	compl	etior	of Comprehensive E	Exam:	[CED]	
ORIGINAL RETAKE				Ξ	Content			
CP	F	P	CP	F	Basic Science, Clinical Science, Social Science, Engineering,			
					etc.			
CP	F	P	CP	F	Theory			
CP	F	P	CP	F	Experimental Methods, Research Design, Technology			
Date: D			Date:					
If "CP" for SEE onditional pass BELOW								
minati	on C	omn	nittee 1	— Men	nbers: Signature	School or Affiliation	(Yes, No)  Graduate Faculty (Yes, No)	
	CP CP te:  'CP' f ditional ped/Pr	CP F CP F te:  'CP" for ditional pass ctoral Comped/Printed	RIGINAL RECP F P CP F P te: Da 'CP' for ditional pass BE toral Committee ped/Printed Name	RIGINAL RETAKE CP F P CP CP F P CP CP F P CP te: Date:  'CP'' for SEE ditional pass BELOW  ctoral Committee Chain ped/Printed Name)	RIGINAL RETAKE  CP F P CP F  CP F P CP F  CP F P CP F  te: Date:  'CP'' for SEE ditional pass BELOW  ctoral Committee Chair: ped/Printed Name)	RIGINAL RETAKE  CP F P CP F Basic Science, Clinic etc.  CP F P CP F Theory  CP F P CP F Experimental Method te:  'CP'' for SEE ditional pass BELOW  ctoral Committee Chair: Signature ped/Printed Name)	e of successful completion of Comprehensive Exam:    Content   CP   F   P   CP   F   Basic Science, Clinical Science, Social Science, CP   F   P   CP   F   Theory	

Note: For Conditional Pass, please inform the ADG what is to be done by the student and indicate written or oral. Attach a separate sheet with details and a timeline.