

**Doctoral Comprehensive Examination Report Form**

Student Name: _____	Texas State ID: _____
Major: _____	Degree (check one): <input type="checkbox"/> Ph.D. <input type="checkbox"/> Ed.D.
Date of Examination: _____	Date of Report: _____

Copies of the examination are on file within the department. In case of failure, the student may consult with the department chair or doctoral program director regarding the appeal process.

Exam Type (check one or both):                       Oral                       Written

Results of Comprehensive Examination:                       Pass                       Fail

Examining Committee Members:

Printed Name of Committee Member	Department	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signatures below indicate the departmental approval of the above recommendation:

Printed Name	Signature	Date
_____ Doctoral Program Director	_____	_____
_____ Department Chair	_____	_____