



Record of Comprehensive Exam

Comprehensive Examination is a requirement of all graduate students in the Department of Biology. Please review the **Graduate Programs Policy** prior to scheduling the examination. All members of the approved Supervisory Committee of record *must sign* this document once pass or fail has been indicated clearly by checking the appropriate box.

Name: _____

Date: _____

A#: _____

Degree: MS PhD*

Program: BIOL ECOL NEURO



PASS—the above student has passed the comprehensive examination.

FAIL—the above student has *not* passed the comprehensive examination.
The student must retake the exam within six (6) months of which the date will be:

Signatures of Supervisory Committee Members

Major Professor

Committee Member

Committee Member

Committee Member

Committee Member

Committee Member

*PhD students must submit an Application for Candidacy for Doctoral Degree and Research Proposal form at this time.

Submit all completed forms to the Biology Graduate Program Coordinator