

**Results of the Doctor of Philosophy
Written Comprehensive Exam**



**COLLEGE
OF NURSING**

Student Name:	Student ID#:
Student Email:	

Chair:	Major/Minor Combined Exam Major Only (select one)
Start Date/End Date of Exam:	

Results: Pass Fail

If the result is fail, the committee may agree to re-examine the student at a date no later than 3 months after the date of the first attempt. Only one additional attempt is allowed.

Comments:

Second exam must be completed by _____ (date)

Required Committee Signatures

Signatures of the members who participated in the exam must sign below.

	Name of Committee Member	Signature
Chair:		
Member:		
Member:		
Member:		

Program Director Approval

Name/Signature:	Date:
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Upon completion of the form by the Chair, the form should be forwarded to Graduate Student Services (CON-OSA-Advanced@email.arizona.edu) in the Office of Student Affairs, along with the student's exam grading sheets for processing and inclusion with the student's official academic record.

Electronic signatures or email confirmations are acceptable for this form.