



Report of Doctoral Comprehensive Examination

Section 1. Date(s) and participants (Type or Print):

Date(s) of Examination

Student Name

Date

Student ID Number

Email

Mailing Address

Daytime Phone

Doctoral Program

Chair of Examining Committee

Members of Examining Committee

Section 2. Result of Examination (Check one result):

Pass

Fail

Section 3. Signatures (sign and date):

Chair _____	ID # _____	Date _____
Examiner _____	ID # _____	Date _____
Examiner _____	ID # _____	Date _____
Examiner _____	ID # _____	Date _____
Examiner _____	ID # _____	Date _____
Examiner _____	ID # _____	Date _____

Boise State University, Graduate Admission and Degree Services, MG-141, 1910 University Drive, Boise, ID 83725-1110, Office hours are: 8-5 Monday-Friday
Telephone Local (208) 426-3903, Toll-Free 1-800-824-7017, Fax (208) 426-2789, Email gradcoll@boisestate.edu Website www.boisestate.edu/gradcoll/

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