MICHIGAN STATE
UNIVERSITY

RECORD OF COMPREHENSIVE EXAMINATIONS
for
DOCTORAL DEGREE AND EDUCATIONAL
SPECIALIST DEGREE CANDIDATES

☐ **Check if this is a re-examination because of expired time limits.**

Department of _____

Student's Name _____ **Student Number** _____
Last, First Middle Initial

Term and Year of First Course Counted towards this Degree _____

Result of Written Comprehensive Examinations:

Field	**Examiner(s)**	**Examination Date (MM-DD-YY)**	**Passed or Failed**

Result of Oral Comprehensive Examinations:

Field	**Examiner(s)**	**Examination Date (MM-DD-YY)**	**Passed or Failed**

OVERALL PASS** or **FAIL? _____

Signed _____ _____
Chairperson of Examination Committee Date