

THE GRADUATE SCHOOL  
UNIVERSITY OF COLORADO at BOULDER

DOCTORAL EXAMINATION REPORT

Students Name \_\_\_\_\_  
Last, First, MI

Student Number # \_\_\_\_\_

Date of Examination \_\_\_\_\_

Check One: \_\_\_Comprehensive or \_\_\_Final

Degree/Major \_\_\_\_\_

Type Names

Signatures

Committee	Dept	Chair	Satisfactory	Unsatisfactory

Departmental Approval of Committee \_\_\_\_\_  
(If Appropriate)

Date \_\_\_\_\_

Graduate School Approval of Committee \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ Comprehensive examination was passed unconditionally  
Signature/Date \_\_\_\_\_

\_\_\_\_\_ Comprehensive examination has conditions placed (See back of this form)  
Signature/Date \_\_\_\_\_

\_\_\_\_\_ Comprehensive examination was unsatisfactory  
Signature/Date \_\_\_\_\_

\_\_\_\_\_ Final Examination was satisfactory  
Signature/Date \_\_\_\_\_

\_\_\_\_\_ Final Examination was unsatisfactory  
Signature/Date \_\_\_\_\_

Complete ONLY for comprehensive with conditions  
Note: