

**UNIVERSITY OF SOUTH ALABAMA GRADUATE SCHOOL
COMPREHENSIVE EXAM REPORT**

Student Name _____ Student Number J00 _____

The student listed above is:

a student for the doctoral degree of _____

a student for the master's degree of _____

Each committee member *initials* under pass or fail; chair also provides signature by his/her name after the exam.

Membership of Graduate Faculty**	Status/Year <small>(FULL, ASSOC. YEAR APPT.)</small>	Pass	Fail
Chair*** _____	_____	_____	_____
Committee Members (List below):			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Semester/Year of Examination _____ Date, Time, Place*** _____

***Committee chair certifies that the student was examined at date, time, and place of which the student was notified in advance. Committee chair will record date, time and place, secure initials of members; and return the completed form to the Graduate School.

Final Distribution: Registrar, Graduate School, Program