Verification of Comprehensive Examination Results

Student’s Name: ________________________________

USF ID: ____________________________

Program: ________________________________

Advisor: ________________________________

The above student took the Comprehensive Examination on ________________________
(month/year).

The performance was judged to be:
(check only one)

________ Satisfactory

________ Unsatisfactory

________ Examination was not taken this semester.

Date Signed: ____________________________

Examinining Committee

______________________________

______________________________

______________________________

PLEASE NOTE: This form must be returned to the Graduate Studies Office, EDU 106E. This student has applied to Graduate during the current semester.