UNIVERSITY OF NORTH DAKOTA
SCHOOL OF GRADUATE STUDIES

DOCTORAL COMPREHENSIVE EXAMINATION RESULTS

Student Information

Student ID: _____ First Name: _____ Last Name: _____

Program: _____

Examination Areas

If the student has more than one examination area, please **submit one form only** per attempt after all portions of the exam are complete.

Examination Area(s)	Date	Pass	Fail

Results of Examination

Exams which are failed may be repeated once. Indicate the date of the exam and retake and return to the School of Graduate Studies. A new exam form will need to be submitted after the second attempt is complete.

____Pass

____Fail – Retake Date:

Signatures

Role	**Signature**	**Date**	**Comments (optional)**
Chair			
Co-Chair			
Graduate Program Director			
School of Graduate Studies			