

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 Electrical and Computer Engineering

Student's Name: _____ Student Number: _____
Last, First, Middle initial

Term and Year of First Course Counted towards this Degree: _____

Results of Written Comprehensive Examinations:

Field (Dept.)	Examiner (Print & Sign)	Examination Date (MM-DD-YY)	Passed or Failed

Results of Oral Comprehensive Examinations:

Field (Dept.)	Examiner (Print & Sign)	Examination Date (MM-DD-YY)	Passed or Failed

OVERALL PASS or FAIL? _____

Signed: _____ Date _____
Chairperson of Examination Committee

Signed: _____ Date _____
Chairperson of the Department (or designee)

Signed: _____ Date _____
Dean of College (or designee)