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## **Results of Doctoral Comprehensive Examination (Written)**

To: The Dean of The Graduate School	
From:	
From:  Print Name of Candidate's Committee Chair or Committee Co-Chairs	
School/Department:	
Date:	
RE: Results of Doctoral Comprehensive Examination (Written Portion)	
The purpose of the written examination is to evaluate the student's overall mastery of a knowledge and skills after most of the program of study is completed; test the candidate all transferred courses; discover any weaknesses in the candidate's knowledge that need additional courses or other instruction; and that the student may proceed to the oral port comprehensive examination.	s's knowledge of to be remedied by
Degree Candidate: Student ID Number:	
Degree: Major:	
Date of Written Examination:	
Competency Rating: Pass Conditional Pass Fail	
If Conditional Pass, please complete the following:	
Conditions:	
Due Date:	
Comments:	
Committee Chair:Signature	Date
Original Form to Graduate School	
Copy to Department / Graduate Program Director	