

SEOR PHD: COMPREHENSIVE EXAMINATION REPORT FORM

Student name: _____

Address: _____

Phone Number(s): _____

Email: _____

Student ID: _____

Date: _____

Program: _____

Date Oral Exam Taken: _____ **Results:** _____

Date Written Exam Taken: _____ **Results:** _____

Committee Member Approval:

Name: _____

Signature: _____

Committee Chair

Dissertation Director: _____

Major area of interest: _____

Tentative dissertation topic: _____

New: _____ Retake: _____

Approval: _____

SEOR Ph.D. Program Director