**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 ____________________________________________

Student’s Name ___________________________________________  Student Number __________
Last, First Middle Initial

Term and Year of First Course Counted towards this Degree ____________________________

**Result of Written Comprehensive Examinations:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Examiner(s)</th>
<th>Examination Date (MM-DD-YY)</th>
<th>Passed or Failed</th>
</tr>
</thead>
</table>

**Result of Oral Comprehensive Examinations:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Examiner(s)</th>
<th>Examination Date (MM-DD-YY)</th>
<th>Passed or Failed</th>
</tr>
</thead>
</table>

Signed ________________________________  Date
Chairperson of Examination Committee

Signed ________________________________  Date
Chairperson of Department

Signed ________________________________  Date
Dean of College

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