



Doctoral Comprehensive Examination Results Form

(This form should be completed and filed with the Graduate School within one month of exam completion)

Student name: _____
(Last Name, First Name)

Mizzou ID number: _____ Degree (i.e PhD, EdD, etc.): _____

Academic program: _____ Major: _____

Program Address: _____ Emphasis area: _____
(If applicable)

The above-named candidate has PASSED FAILED

The examination concluded on _____ according to this committee.
 DATE

Signatures of doctoral committee members

(Please sign full names legibly)

	Pass	Fail
Chair: _____ <i>print & sign</i>	<input type="checkbox"/>	<input type="checkbox"/>
Outside member: _____ <i>print & sign</i>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <i>print & sign</i>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <i>print & sign</i>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <i>print & sign</i>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <i>print & sign</i>	<input type="checkbox"/>	<input type="checkbox"/>

_____ Director of graduate studies	_____ Date	_____ Dean of the graduate school	_____ Date
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DO NOT WRITE IN THIS BOX (Office use only)	MILESTONE ___ RPCO ___ RCEN ___ Date copies sent to members and director of graduate Studies: _____
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**Doctoral Degree Candidate Application for
Continuous Enrollment
& Deferment Status**

Doctoral students filing this form will be automatically enrolled in the minimum research hours necessary to meet the current Continuous Enrollment requirement. Students applying for Continuous Enrollment will be considered full-time only for reporting purposes.

(Consult the Graduate Catalog for more information on MU's Continuous Enrollment policy.)

I certify that I, _____ (print name), have passed my doctoral comprehensive examination, am currently enrolled as required by the present continuous enrollment policy, and will notify the Graduate School if my enrollment status changes.

I acknowledge that I will remain current on payments to my student account according to regular payment schedules each term.

I acknowledge I will be removed from the automatic enrollment program and from deferment status if I do not remain current on payments to my student account and/or if I have exceeded my time limit for degree completion.

Student's signature: _____ Date: _____

Mizzou ID number: _____ Legacy student number: _____

Academic program: _____ Anticipated graduation date: _____

Recorded by the Graduate School:

Graduate dean's signature: _____ Date: _____

Doctoral students requiring enrollment reports for lenders should contact MU's Registration Office in 130 Jesse Hall, 573-882-7881.

Please mail or fax this form to:
The Graduate School
University of Missouri-Columbia
210 Jesse Hall
Columbia, MO 65211
Phone: 573-882-6311
Long Distance: 800-887-6312
Fax: 573-884-5454