



Doctoral Comprehensive Examination Results Form

(This form should be completed and filed with the Graduate School within two weeks 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: _____
print & sign

☐ ☐

Outside member: _____
print & sign

☐ ☐

Member: _____
print & sign

☐ ☐

Member: _____
print & sign

☐ ☐

Member: _____
print & sign

☐ ☐

Member: _____
print & sign

☐ ☐

Director of graduate studies

Date

Dean of the graduate school

Date

**DO NOT
WRITE IN
THIS BOX
(Office use only)**

MILESTONE ___ RPCO ___

Date copies sent to members and director of graduate Studies: _____