

**Department of Teaching and Learning, Policy and Leadership  
Graduate Comprehensive Examination Approval**

Date

Name UID

Email

Specialization

Advisor Admit Semester

**Please include a copy of your approved doctoral program form and your application for advancement to Candidacy.**

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TO BE COMPLETED BY THE ADVISOR: RESULTS OF EXAMINATION

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Date Exam Completed

Reviewer #1	Result
Reviewer #2	Result
Reviewer #3	Result
Reviewer #4	Result

**Overall Exam Results:**

High Pass	Fail
Pass	Pass after petition
Pass after revision/2 <sup>nd</sup> attempt	Fail after petition

ADVISOR SIGNATURE

DATE