



# 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 &amp; sign</i>	<input type="checkbox"/>	<input type="checkbox"/>
Outside member: _____ <i>print &amp; sign</i>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <i>print &amp; sign</i>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <i>print &amp; sign</i>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <i>print &amp; sign</i>	<input type="checkbox"/>	<input type="checkbox"/>
Member: _____ <i>print &amp; sign</i>	<input type="checkbox"/>	<input type="checkbox"/>

_____ Director of graduate studies	_____ Date	_____ Dean of the graduate school	_____ Date
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<b>DO NOT WRITE IN THIS BOX (Office use only)</b>	MILESTONE ___ RPCO ___ Date copies sent to members and director of graduate Studies: _____
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