



Biology Department  
Doctoral Comprehensive Examination

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Eagle ID: \_\_\_\_\_

The above examinee has completed the Biology Department's Comprehensive Examination. The Committee, having considered the totality of the examination, judges that the examinee has:

\_\_\_ Passed this Examination      \_\_\_ Conditional Pass\*      \_\_\_ Failed this Examination\*

\*Conditions:

The above conditions have been met.

\_\_\_\_\_

\_\_\_\_\_

Committee Chair's Initials

Date

Committee Chair

Signature

Member

Signature

Member

Signature

Forward this completed form to the Graduate Program Administrator.