

Interdisciplinary PhD COMPREHENSIVE(S) COMPLETION FORM

Student Data

_____ _____ B00
 Name Supervisor Banner ID

Comprehensive Defence Data

Title _____

Date _____

Comprehensive # _____ (1st/2nd/3rd) of _____ (1/2/3)

- Outcome Pass
- First Failure: Date of next defense: _____
- Final Failure

Chair

_____ _____ _____
 Name Faculty/Department Signature

Chief Examiner

_____ _____ _____
 Name Faculty/Department Signature

Additional Examiner(s)

_____ _____ _____
 Name (if co-chief, check here ____)Faculty/Department Signature

_____ _____ _____
 Name Faculty/Department Signature

_____ _____ _____
 Name Faculty/Department Signature

FOR OFFICE USE ONLY: Grade recorded on _____ by _____
 (date) (initials)