



## Report on Comprehensive Exam

The following student:

R Number \_\_\_\_\_

Full Legal Name \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name)

SUCCESSFULLY

UNSUCCESSFULLY

completed his/her comprehensive exam on \_\_\_\_\_  
Date

***INDS STUDENTS ONLY***

INDS Committee members:

\_\_\_\_\_  
Submitted by (signature)

\_\_\_\_\_  
Date

**Return this form** to Enrollment Management 03 Holden Hall