



## Record of Comprehensive Exam

Comprehensive Examination is a requirement of all graduate students in the Department of Biology. Please review the **Graduate Programs Policy** prior to scheduling the examination. A student's faculty advisor must sign this after Comprehensive Exams are completed.

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

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

A#: \_\_\_\_\_

Degree:        MS     PhD\*

Program:     BIOL   ECOL   NEURO

**PASS**—the above student has passed the comprehensive examination.

**FAIL**—the above student has *not* passed the comprehensive examination.  
The student must retake the exam within six (6) months of which the date will be:

### Signatures of Supervisory Committee Members

\_\_\_\_\_  
Major Professor

\_\_\_\_\_  
Committee Member

\*PhD students must submit an Application for Candidacy for Doctoral Degree and Research Proposal form at this time.

Submit all completed forms to the Biology Graduate Program Coordinator