



# 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: \_\_\_\_\_  
*print & sign*

Outside member: \_\_\_\_\_  
*print & sign*

Member: \_\_\_\_\_  
*print & sign*

Member: \_\_\_\_\_  
*print & sign*

Member: \_\_\_\_\_  
*print & sign*

Member: \_\_\_\_\_  
*print & sign*

\_\_\_\_\_  
Director of graduate studies

Date

\_\_\_\_\_  
Dean of the graduate school

Date

**DO NOT  
WRITE IN  
THIS BOX  
(Office use only)**

MILESTONE \_\_\_ RPCO \_\_\_

Date copies sent to members and director of graduate Studies: \_\_\_\_\_