

RECORD OF COMPREHENSIVE EXAM DOCTORAL DEGREE IN PHYSICS

Check if this is a re-examination because of expired time limits.

| Student's Name: | Last | First | Middle Initial(s) |
|-----------------|------|-------|-------------------|
| Student Number: | | | |

Written Comprehensive Examinations:

Course # Instructor <u>Semester</u>

Grade

Dual degree - If so, include subject exam courses from other degree above

Oral presentation committee members:

Comprehensive Exam Date (MM-DD-YY)

Grade:

OVERALL GRADE: PASS

FAIL

Signed

Graduate Program Director

Date: