



**RECORD OF COMPREHENSIVE EXAM for
DOCTORAL DEGREE IN
PHYSICS
&
ASTRONOMY and ASTROPHYSICS**

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

Student's Name _____
Last, First Middle, Initial

Student Number _____

Result of Written Comprehensive Examinations:

<u>Course #</u>	<u>Instructor</u>	<u>Semester</u>	<u>Course/Exam grade (whichever is higher)</u>
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Oral presentation committee members:

**Comprehensive Exam Date
(MM-DD-YY)**

Examiner(s)

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<input type="text"/>	
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OVERALL PASS or FAIL? _____

Signed _____
Chairperson of Committee Date

Signed _____
Graduate Program Director Date

Signed _____
Natural Science Associate Dean Date