

**COMPREHENSIVE EXAMINATION FORM
GRADUATE PROGRAM IN SCIENCE & TECHNOLOGY STUDIES**

The Chair must fill out the form and then obtain all required signatures

Name of Doctorial Candidate _____

Date of Exam _____

Please list the name of the three fields covered in Exam:

Please indicate the results of the exam by circling: Pass or Fail*

COMMENTS (mandatory - use an additional page if required)

*If the exam results in a failure, another examination must be rescheduled within six months.

Date of rescheduled exam (**for office use only**): _____

SIGNATURES (please sign, then print name below the line)

Examiners: _____

Supervisor: _____

Chair: _____

Candidate: _____