



Completion of Comprehensive Oral Exam for Doctorate

Research & Graduate Studies
Strong Hall, Room 213
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Lawrence, KS 66045-7535
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To be completed when student passes the comprehensive oral exam.

To: _____ From: _____

Student Name: _____ Student ID: _____

Current Plan: _____ Admit Term: _____

Research skills met: Yes No Research Skill or courses in: _____

Residency requirement met by: _____

Residency requirement met: _____ (semester/year)

Passed Exam with: Honors (If applicable) Satisfactory

Notice to departments: If student did not pass exam, please notify your School/College via email.

Exam Committee Members (Number 5 serves as the University's outside member.)

	<u>Name</u>	<u>Status</u>	<u>Employee ID#</u>
(Chair)	_____		
(2)	_____		
(3)	_____		
(4)	_____		
(5)	_____		

Chairperson Signature: _____ Date: _____

Department Signature

Signature: _____ Date: _____

Departmental authorization: Department Chairperson / Director of Graduate Studies

School/College Approval

Signature: _____ Date: _____

Title: _____

Division authorization: CLAS/School Dean Representative

Routing of form: Department → School/College → Registrar
→ Graduate Studies
→ ISSS (if international student)