**Results Report of PhD Comprehensive Examination**

**PhD in Social Work**

|  |  |
| --- | --- |
| **Name of Candidate (First, Last)** |  |
| **ID Number** |  |
| **Course Code**  | SK893 |
| **Term (ex. Fall 2019)** |  |
| **Date of Examination (MM-DD-YY)** |  |
| **First or Second Sit of the Exam?**  | **First: Second:**  |
| **Grade** | Satisfactory or Fail  |

**DECISION:**

[ ] Accepted

[ ] Decision deferred; major changes required

[ ] Fail; required to withdraw

**EXAMINING COMMITTEE SIGNATURES**

(Graduate Coordinator required if Decision is Fail/Deferred):

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Name* | *Signature* | *Date* |
| Chair: |  |  |  |
| Advisor: |  |  |  |
| Member: |  |  |  |
| Member: |  |  |  |
| Member: |  |  |  |
| Graduate Coordinator: |  |  |  |

**COMMENTS (Required if Decision is not Accepted):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_