

DEPARTMENT OF PHYSICS
PhD COMPREHENSIVE EXAM EVALUATION FORM

Name of Student: _____ Number: _____

Field of Specialization: _____

Date Enrolled in PhD Program: _____

Date of Examination: _____

Grade Awarded: ☐ Pass ☐ Fail

Comments: _____

EXAMINATION COMMITTEE:

_____	_____
Chair	
_____	_____
_____	_____
_____	_____
_____	_____
(signatures)	(print names)