## Comprehensive Examination Report Form

Date………..…….……….………………..…

**Subject** Comprehensive Examination Report

**To** Dean of ...................................................................

The ……………(number of time) comprehensive examination has been carried out for the students in Department: ……………………………………………Program: …………………………………… in Semester …………………….Academic year…………..……… on Date:………………………………………………………. The examination results are reported below.

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Student ID** | **Name – Surname** | **Results** |
|  |  |  | 🔾 S 🔾 U |
|  |  |  | 🔾 S 🔾 U |
|  |  |  | 🔾 S 🔾 U |
|  |  |  | 🔾 S 🔾 U |

**Remark**: Examination results 🔾 S (Satisfactory) 🔾 U (Unsatisfactory)

Please be informed accordingly.

Signature.................................……….……….Lecturer (Chair of Examination Committee)

(.........................................….....)

........../.……….............../..............

Signature.................................……….………..Lecturer

(.........................................….....)

........../.……….............../..............

Signature.................................……….………..Advisor

(.........................................….....)

........../.……….............../..............

|  |  |
| --- | --- |
| **Comments of the Dean** | **Comment of Graduate Studies Committee** |
| 🔾 Approved  🔾 Not approved due to.....................……...........................  ........................................................................................................  ........................................................................................................  Signature..................................................  (................................................)  Dean of..................................................  ............ /................/.............. | 🔾 Approved  🔾 Not approved due to.....................……...........................  ........................................................................................................  ........................................................................................................  Signature ..............................................................  (..................................................................)  Chair of Graduate Studies Committee  ............../.....…........./................ |

**Notes:** 1. Please type all information legibly and correctly into the form.

2. This form should be completed by the chair of comprehensive examination committee, signed by all committee members and submitted to Graduate Studies section within 15 days after the examination.