## Comprehensive Examination Report

Day Month Year

**Subject** Comprehensive Examination Report

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

The ……………(number of time) comprehensive examination has been carried out for the student(s) in (Department) ……………………………………………(Program) …………………………………… in Semester ……………………., Academic year…………..……… on (Day Month Year)………………………. 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.................................……….……….(Chair of Examination Committee)

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

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

Signature.................................……….………..(Committee)

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

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

Signature.................................……….………..(Advisor)

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

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

|  |  |
| --- | --- |
| **Comment 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.