

SCRIPPS COLLEGE OF COMMUNICATION

REPORT ON THE ORAL COMPREHENSIVE EXAM FOR THE PH.D. DEGREE*

**This form is for optional for internal School use and does not need to be sent to the Dean's Office.*

Name _____ PID# _____

School of _____ Major Code _____

The above named student took the Comprehensive Exam on _____
(date)

After review, the Committee decision on (date): _____

_____ Passed _____ Failed

Notes/Comments

REQUIRED SIGNATURES

TYPED NAMES

_____, Advisor

Associate Director for Graduate Studies

Date