Ph.D. Comprehensive Examination

Department of Computer Science
Oklahoma State University

Date:_____

Student: _____   _____
(signature)

Student CWID (Banner ID): A _____

Taking the exam for the   FIRST   SECOND   time.

Results of the examination: PASS   FAIL

Committee Chair:_____   _____
(print name)   (Signature)

(If Dissertation Advisor is different from Chair, please indicate "Advisor" below.)

Outside Member _____   _____
(print name)   (signature)

Member: _____   _____
(print name)   (signature)

Member:_____   _____
(print name)   (signature)

Member:_____   _____
(print name)   (signature)