
UNIVERSITY OF ARKANSAS

College of Education and Health Professions

Pass or Failure of Comprehensive Examination**

**This Form to be completed by _____
Date

**Return completed form to Graduate Coordinator or Department Representative

Student's Name _____
Last First Middle

Degree Program Area _____ Area of Concentration _____

Examination Date _____ ID# _____

Please Check (3)

Student Passed _____

Student Failed _____

Major Advisor Date

Graduate Coordinator/Department Head Date