

**TEXAS WOMAN'S UNIVERSITY
BIOLOGY DEPARTMENT
COMPREHENSIVE EXAMINATION REPORT
FOR DOCTORAL DEGREE**

(The student should complete the areas shaded light grey before printing this form. All other information must be entered by the student's committee chair at the time of the examination.)

Student's Name _____	TWU ID# _____
Date of Examination _____	Date of Report _____
Major _____	Major advisor: _____

Type of Examination (circle one or both): Oral Written

Grade (check one): ___ Pass ___ Fail

General nature of the examination and any comments

Committee members:
(typed names, departments, and institutions if not SWT)

- 1. (chair) _____
- 2. _____
- 3. _____
- 4. _____

Signatures:

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Departmental Chair: _____

The original of this report must be submitted to the Biology Department within 1 week of completion of exam.