RECORD OF COMPREHENSIVE EXAMINATIONS
for
DOCTORAL DEGREE AND EDUCATIONAL
SPECIALIST DEGREE CANDIDATES

☐ Check if this is a re-examination because of expired time limits.

Department of Cell & Molecular Biology Program

Student’s Name ____________________________ Student Number A __________
Last, First Middle Initial

Term and Year of First Course Counted towards this Degree ____________________________

Result of Written Comprehensive Examinations:

<table>
<thead>
<tr>
<th>Field</th>
<th>Examiner(s)</th>
<th>Examination Date (MM-DD-YY)</th>
<th>Passed or Failed</th>
</tr>
</thead>
</table>

Result of Oral Comprehensive Examinations:

<table>
<thead>
<tr>
<th>Field</th>
<th>Examiner(s)</th>
<th>Examination Date (MM-DD-YY)</th>
<th>Passed or Failed</th>
</tr>
</thead>
</table>

Signed ____________________________
Chairperson of Examination Committee Date

Signed ____________________________
Chairperson of Department Date

Signed ____________________________
Dean of College Date

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