

# The University of Mississippi

## *Ph.D. Comprehensive Examination Form*

**DEPARTMENT OF BIOLOGY**

**University, MS 38677**

**Phone: (662) 915-7203 Fax: (662) 915-5144**

**Name of Candidate:** \_\_\_\_\_

**Date & Place of Examination:** \_\_\_\_\_

**Committee:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Report of the Committee: (Please check)**

The examination was accepted

The examination was *not* accepted

**COMMITTEE DECISIONS AND SIGNATURES:**

Pass    Fail

_____	_____
<b>(Print Name)</b>	<b>(Committee Director - Signature)</b>
_____	_____
<b>(Print Name)</b>	<b>(Committee Member - Signature)</b>
_____	_____
<b>(Print Name)</b>	<b>(Committee Member - Signature)</b>
_____	_____
<b>(Print Name)</b>	<b>(Committee Member - Signature)</b>
_____	_____
<b>(Print Name)</b>	<b>(Committee Member - Signature)</b>
_____	_____
<b>(Print Name)</b>	<b>(Graduate Program Coordinator)</b>