



The
UNIVERSITY
of **VERMONT**

GRADUATE COLLEGE

PROOF OF SUCCESSFUL COMPLETION OF COMPREHENSIVE EXAM

Complete the information below and **submit the signed form to Graduate College Student Services in Waterman, Room 330.**

Thesis/Dissertation Students: All Comprehensive Exams results must be submitted to the Graduate College **prior** to defense.

Non-Thesis Students: All Comprehensive Exams results must be submitted to the Graduate College by the semester's last day of class.

Student Name: _____

Student ID: _____

Program: _____ Degree: _____

Comprehensive Exam:

Please Circle One: *Master's Degree* *Doctoral Degree*

Please Circle One: *Oral* *Written* *Both*

Date of Successful Completion: _____

Advisor's Signature: _____

Date Signed: _____