



**UNIVERSITY OF MARYLAND  
EASTERN SHORE**

**DIVISION of ACADEMIC AFFAIRS  
School of Graduate Studies**

**REPORT OF THE WRITTEN COMPREHENSIVE EXAM**

Date: \_\_\_\_\_

Student's I.D.: \_\_\_\_\_

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

Graduate Program: \_\_\_\_\_ Degree Sought: \_\_\_\_\_

Date of Written Examination: \_\_\_\_\_ Date of Oral Examination: \_\_\_\_\_

The student named above has written the comprehensive exam. By signing below, the committee members indicate their recommendations:

	Passed	Failed	Repeat (Recommendations)	Date
Chair Committee Member: (Printed Name/Signature)				
Committee Member: (Printed Name/Signature)				
Committee Member: (Printed Name/Signature)				
Committee Member: (Printed Name/Signature)				
Committee Member: (Printed Name/Signature)				

**(Please return this form with student's answer sheet and comprehensive exam to the Graduate School on completion)**