



Comprehensive Examination Form

Graduate Division / 200 West Kawili St. Hilo, HI 96720-4091 / COBE 201 / Phone: (808) 932-7927 / E-mail: hilograd@hawaii.edu

Use this form to report the following:

- Results of the comprehensive exam*
- Results of the second foreign language exam (if required).

*A student who fails any portion of the comprehensive exam may repeat it once. A student who fails the exam for the second time is dismissed from both the graduate program and the Graduate Division.

SECTION I: To be completed by the Graduate Program

Student Name: _____ Student ID: _____

Graduate Program: _____

Exam	N/A	Date (MM/DD/YY)	Passed	Failed
Comprehensive Exam (Oral or Oral & Written)				
Comprehensive Exam (Repeat if Failed)				
Second Language Exam—Indicate Language:				

SECTION II: Student Acknowledgement

Student Signature: _____ Date: _____

SECTION III: Obtain Approving Signatures

Primary Advisor Name: _____

Signature: _____ Date: _____

Graduate Program Chair Name: _____

Signature: _____ Date: _____

Turn in Completed form to the Graduate Division

FOR GRAD DIVISION OFFICE USE ONLY: SPACMNT STAR Date: _____ Initials: _____