COMPLETION OF COMPREHENSIVE EXAMINATION

Environmental Science and Management Program
PORTLAND STATE UNIVERSITY

_____ _____
Student's Name ID #

Has *passed / failed* (circle one) the comprehensive examination in_____
Student's Department

On _____
Date Exam Taken

_____ _____
Advisor Date

_____ _____
Department Chair Date

_____ _____
ESR Ph.D Coordinator Date

cc: Student Department Office
Advisor Office of Graduate Studies