Ph.D. Comprehensive Examination

Department of Computer Science
Oklahoma State University

Date: _______________________

Student: ____________________________________________ (signature)

Student CWID (Banner ID): A __________________________

Taking the exam for the FIRST SECOND time.

Results of the examination: PASS FAIL

Committee Chair: __________________________ (print name) (Signature)

(If Dissertation Advisor is different from Chair, please indicate "Advisor" below.)

Outside Member __________________________ (print name) (signature)

Member: __________________________ (print name) (signature)

Member: __________________________ (print name) (signature)

Member: __________________________ (print name) (signature)