

**GEORGIA STATE UNIVERSITY
COLLEGE OF HEALTH AND HUMAN SCIENCES
BYRDINE F. LEWIS SCHOOL OF NURSING**

**Ph.D. PROGRAM IN NURSING
REPORT OF DOCTORAL COMPREHENSIVE EXAMINATIONS**

TO: _____
Associate Director, Graduate Programs in Nursing _____ Date _____

FROM: _____
Major Advisor _____ Date _____

Student's Name _____ Panther ID Number _____

Date Admitted _____ Area of Concentration _____

Doctoral Comprehensive Examinations were administered to the above named doctoral student in the School of Nursing on (DATES): _____

The following result is reported:

- Passed: No Oral Examination Required
- Passed: Written and Oral Examination
- Provisional Pass
- Not Passed

Comments: _____

Signatures below indicate acknowledgment of results reported above.

Major Advisor _____ Date _____

Committee Member _____ Date _____

Committee Member _____ Date _____

Associate Director, Graduate Programs in Nursing _____ Date _____