Geography Department, USC

Ph.D. Comprehensive Exam Form

TO: Director of Graduate Studies

FROM: _____

RE: _____ _____

Student Name Student Number

DATE: _____

The above named student successfully passed the Ph.D. Comprehensive Exam. The Examination occurred on _____.

Date

The examining committee consisted of the following faculty whose signatures appear below.

	Signature	Print	
1)	_____	_____	
2)	_____	_____	
3)	_____	_____	Outside
	_____	Department of Outside Member	
4)	_____	_____	Chair