Last Name	*First Name*	*Middle*	*Student No.*

Degree GPA _____   *Overall GPA* _____
Degree Program _____   *Major Code* _____

	Name	Title	Dept.	Initial
Academic Advisor	_____	_____	_____	_____
Dissertation Advisor	_____	_____	_____	_____
Co-Dissertation Advisor	_____	_____	_____	_____
Outside Member	_____	_____	_____	_____
Outside Member	_____	_____	_____	_____
Committee Member	_____	_____	_____	_____
Committee Member	_____	_____	_____	_____
Committee Member	_____	_____	_____	_____

Comprehensive Exams Approved by Committee Members

	Date Approved	Date Taken	Passed	Failed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

This is to certify that _____ has taken (please check the appropriate boxes) Written ☐ Oral ☐ or Both ☐ and Passed ☐ or Failed ☐ the Computer Science Doctoral Breath Examination in partial fulfillment of requirements for the Doctor of Philosophy degree in Computer Sciences on the ____ , day of _____ , ____ .

Comments:

_____

_____

_____   _____
William D. Shoaff, Associate Professor   *Date*