

SCHOOL OF MARINE SCIENCE  
College of William and Mary

WRITTEN COMPREHENSIVE EXAMINATION GRADE FORM

TO THE OFFICE OF THE UNIVERSITY REGISTRAR:

This is to certify that we administered a written comprehensive examination on

\_\_\_\_\_ to \_\_\_\_\_,  
Month/Day/Year (Print name of student)

a student in the Doctor of Philosophy Degree Program of the School of Marine Science.

He / she received a PASS / FAIL grade

**FIELDS EXAMINED:**

**COMMENTS:**

Date: \_\_\_\_\_  
Chairperson \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return this form to the Associate Dean of Academic Studies' Office, c/o Graduate Registrar, Watermen's 253