

COLLEGE OF WILLIAM AND MARY
 SCHOOL OF MARINE SCIENCE / VIRGINIA INSTITUTE OF MARINE SCIENCE

WRITTEN COMPREHENSIVE EXAMINATION GRADE FORM

STUDENT FIRST NAME	STUDENT LAST NAME	DEPARTMENT	BANNER ID
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This is to certify that we administered a written comprehensive examination on _____ to the above-named student in the
Month/Day/Year

Doctor of Philosophy Degree Program of the School of Marine Science. The grade received is: **PASS** **FAIL**

Fields Examined: _____

Comments: _____

ADVISORY COMMITTEE		
(SIGNATURES OF ALL ADVISORY COMMITTEE MEMBERS REQUIRED)		
MAJOR ADVISOR NAME	SIGNATURE	DATE
CO-MAJOR ADVISOR NAME (IF APPLICABLE)	SIGNATURE	DATE
COMMITTEE MEMBER NAME	SIGNATURE	DATE
COMMITTEE MEMBER NAME	SIGNATURE	DATE
COMMITTEE MEMBER NAME	SIGNATURE	DATE
COMMITTEE MEMBER NAME	SIGNATURE	DATE

NEXT STEP: PLEASE RETURN THIS FORM TO THE **VIMS/SMS REGISTRAR, WATERMEN'S HALL ROOM 253**
 OR SUBMIT ELECTRONICALLY TO REGISTRAR@VIMS.EDU.

OFFICE USE ONLY:

DATE RECEIVED:	ENTERED INTO MILESTONES:	ENTERED IN BANNER:	NOTIFIED STUDENT:	PROCESSED BY: