



DOCTORAL COMPREHENSIVE EXAM VERIFICATION

(Must be administered no later than 60 days prior to graduation.)

Today's Date: _____

Student's Name: _____

Department: _____ USC ID: _____

Date of Comprehensive Exam (Written): _____

Date of Comprehensive Exam (Oral): _____

Comments: _____

I verify that the above named student has successfully passed the
Doctoral Comprehensive Exam.

Student's Major Professor: _____

Department Graduate Director: _____

Graduate School Coordinator's Initials: _____