University of Delaware School of Nursing

Doctor of Philosophy in Nursing Science Program

**Comprehensive Examination Results (Form B)**

TO: Director, PhD in Nursing Science Program

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_

 (Student’s Name)

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above-named candidate has \_\_\_\_PASSED \_\_\_\_FAILED

The examination concluded on [insert date] according to this committee.

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**Signatures of doctoral committee members** *(please print and sign full names legibly):*

 Pass Fail

Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  

Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  

Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  

Outside Member (optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  

 Must be a regular member of the University of Delaware Faculty

Please include the address and phone number where these persons may be reached if the participants are not School of Nursing faculty.

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Approved by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Director, PhD in Nursing Science Program Date

After signed by Director, PhD in Nursing Science Program, upload to Project Concert under Documents.

After passing written and oral comprehensive exam and the dissertation proposal defense, submit the **Doctoral Degree** **Candidacy** **Recommendation** **Form** <http://www1.udel.edu/gradoffice/forms-new/Doctoral_Degree_Recommendation.pdf> to the Graduate College (original) and upload a copy to Project Concert under Documents.