

**Department of Child and Family Studies
Doctoral Comprehensive Examination (Specials) Completion Form**

Comprehensive “Specials” Examination:

Full Name of Student: _____

Student ID Number: _____ Date: _____

SPECIALS

Major Professor Pass [] Fail []

1st Rewrite: Date _____ Pass [] Fail []

Major Professor

2nd Rewrite: Date _____ Pass [] Fail []

Major Professor

(Original to CFS Graduate Secretary)