



Christine E. Lynn College of Nursing  
Florida Atlantic University

Doctoral Program

Comprehensive Examination Form

Student Name \_\_\_\_\_

Comprehensive Examinations Committee

Chair \_\_\_\_\_  
(Signature)

Chair \_\_\_\_\_  
(Print)

Member \_\_\_\_\_  
(Signature)

Member \_\_\_\_\_  
(Print)

Member \_\_\_\_\_  
(Signature)

Member \_\_\_\_\_  
(Print)

Member \_\_\_\_\_  
(Signature)

Member \_\_\_\_\_  
(Print)

Paper Topic: \_\_\_\_\_

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Result of Comprehensive Examination

Paper: \_\_\_ Satisfactory \_\_\_ Rewrite \_\_\_ Unsatisfactory

Oral Examination: \_\_\_ Satisfactory \_\_\_ Unsatisfactory

Date Completed: \_\_\_\_\_

Comments by Committee: