THE UNIVERSITY OF ARIZONA®

ATMOSPHERIC SCIENCES

UA SCIENCE

Student Name: _____

SID: _____

Date: _____

Time: _____

Location: _____

Oral Comprehensive Exam

Written Passed on : _____

Oral Results (Please check one)

_____Pass

_____ Fail with opportunity for repeat examination

Print	Signature	Date
Print	Signature	Date
Print	Signature	Date
Print	Signature	Date
Print	Signature	Date

Please return completed form to Lupe Romero, ATMO Graduate Coordinator to place in student's file. The Chair will complete and submit the "Results of Comprehensive Exam" in GradPath.