



**The University of Toledo  
College of Health and Human Services**

**Examination Results & Proposal Form**

Student \_\_\_\_\_ Rocket # \_\_\_\_\_ Date \_\_\_\_\_

Major \_\_\_\_\_ Minor/Cognate \_\_\_\_\_

**Doctoral Exams:**      Written Comprehensive Exam   
                                 Oral Comprehensive Exam   
                                 Minor/Cognate Written Exam (if applicable)

Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Results (check one):**      Pass       Fail

                                 This is the 1st       2nd  attempt

Only the Major Advisor's signature is required for the Master's or Doctoral Minor/Cognate exams.  
The entire committee must sign for the Doctoral Comprehensive exams.

\_\_\_\_\_  
Signature of Major Advisor

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

**Submit to:**  
**Associate Dean for Academic Affairs**  
**College of Health and Human Services**  
**MS 119, HH 2400**