University of Houston Communication Sciences and Disorders Comprehensive Examination Defense Form

Student Name		Year in Program:	
Examination Dates (MM/			
Written Examination:		Oral Examination:	
Evaluation:			
Written Examination		PASS 🗌	FAIL 🗌
Oral Examination		PASS 🗌	FAIL 🗌
Comments:			
SIGNED (COMMITTEE N	IEMBERS)		
			_ Date:
Name	Signature	Advisor	
			_ Date:
			_ Date:
			Date: