

THE UNIVERSITY of TENNESSEE   
KNOXVILLE  
COLLEGE OF SOCIAL WORK

**Comprehensive Examination  
Completion Form**

**Student Information:**

\_\_\_\_\_

Name

\_\_\_\_\_

Student I.D. Number

\_\_\_\_\_

Address

\_\_\_\_\_

E-mail

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Submission Date

**Title of Comprehensive Examination Paper:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Committee Members Signature and Grade (Circle "P" for pass and "F" for fail):**

\_\_\_\_\_ P F \_\_\_\_\_  
Name (Chair) Signature Date

\_\_\_\_\_ P F \_\_\_\_\_  
Name Signature Date

\_\_\_\_\_ P F \_\_\_\_\_  
Name Signature Date

\_\_\_\_\_ P F \_\_\_\_\_  
Name Signature Date

\_\_\_\_\_ P F \_\_\_\_\_  
Name Signature Date

\_\_\_\_\_  
Signature Director of Ph.D. Program\*

\_\_\_\_\_  
Date

\* Signature implies form has been received in doctoral program office.