

**Report of Completion of Comprehensive Examination (Plan B)  
for the Ph.D. program of the Computer Science Department**

Name of Student \_\_\_\_\_  
Last First

ID Number \_\_\_\_\_ Date of Oral Presentation: \_\_\_\_\_

**Signatures of Committee Members:**

Advisor: \_\_\_\_\_  
Signature printed name

Reader 1) \_\_\_\_\_  
Signature printed name

Reader 2) \_\_\_\_\_  
Signature printed name

Reader 3) \_\_\_\_\_  
Signature printed name

Reader 4) \_\_\_\_\_  
Signature printed name

Reader 5) \_\_\_\_\_  
Signature printed name

6) \_\_\_\_\_  
Signature printed name

7) \_\_\_\_\_  
Signature printed name

**Committee's Decision:** (Circle One)

PASS / FAIL

RETAKE WRITTEN      Date By:

RETAKE ORAL        Date By:

RETAKE FULL EXAM    Date By:

Department Chairperson \_\_\_\_\_ Date: \_\_\_\_\_

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