



William & Mary
School of Education

Doctoral Written Comprehensive Results

To faculty member: Please complete and sign the form and return the form to the SOE Graduate Registrar in room SOE 1115.

Student ID # 930 _____ Name _____

W&M Email _____ Local Phone # _____

Degree Program & Area of Emphasis _____

Date Exam Taken: _____

RESULTS

Honors

(Student will be notified by Office of Academic Programs to proceed with candidacy paper outline)

Pass

(Student will be notified by Office of Academic Programs to proceed with candidacy paper outline)

Fail

(Student will be contacted by the Chair and the oral exam will be cancelled.)

APPROVAL

Committee Chair: _____
Signature Date