



## Doctoral Comprehensive Examination Approval Ballot

Name: \_\_\_\_\_ KSU ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Program: \_\_\_\_\_

Doctoral Comprehensive Exam was taken on: \_\_\_\_\_  
Semester/Year

Passed \_\_\_\_\_ Not Passed \_\_\_\_\_

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Dissertation Chair Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Print Name