CHSE Comprehensive Exam Grading Sheet

Last Name: __________________________  First Name: __________________________

Advisor’s Name: __________________________  Exam Date: __________________________

Type of Exam:  
(check one)  
Doctoral - Phase I / Phase II  
Doctoral Comprehensive  
M.A. (thesis)  
M.A. or M.Ed. (non-thesis)

Hours: ________

Question Written by: __________________________

1st Reader: __________________________  2nd Reader: __________________________

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<th>Date to Reader:</th>
<th>Date Completed:</th>
<th>GRADE</th>
<th>Date to CHSE</th>
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Signature

Please grade the exam and sign.
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