

CHSE Comprehensive Exam Grading Sheet

Last Name: _____ First Name: _____

Advisor's Name: _____ Exam Date: _____

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

Question Written by: _____

1st Reader: _____ 2nd Reader: _____

	Date to Reader:	Date Completed:	GRADE	Date to CHSE
First Reader				

Signature

Please grade the exam and sign.

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Second Reader:	Date to 2nd Reader:	Date Completed:	GRADE	Date Returned to CHSE:

Signature

Please grade exam and sign above