



COMPREHENSIVE EXAMINATION REPORT FORM
 Department of Speech-Language Pathology
 Revised November 10, 2014

A. General Information:

Name of Student: _____ Date: _____

Thesis Title: _____

Committee Members and signatures:

Chair: _____

Supervisor: _____

Committee Member: _____

Committee Member: _____

External Examiner: _____

B. Progress to Date:

Coursework:

Number of Credits Completed: _____ Number of Credits in Progress: _____

Minimum departmental course requirements met Yes No

C. Research Proposal:

| Research Proposal | Excellent | Very Good | Good | Needs Improvement | Unsatisfactory |
|--|-----------|-----------|------|-------------------|----------------|
| Literature Review, Integration & Critical Analysis | | | | | |
| Questions/Hypotheses | | | | | |
| Overall Research Design & Methods | | | | | |
| Scope & Originality | | | | | |
| Writing Style and Format | | | | | |
| Presentation Style & Responses to Questions | | | | | |
| Feasibility (e.g., timelines) | | | | | |

Overall Evaluation of Research Proposal:

- Accept
- Accept with Minor Revisions
- Accept with Major Revisions
- Reject

Perceived strengths:

Perceived areas for improvement:

Recommendations:
