

**University of Houston Communication Sciences and Disorders  
Comprehensive Examination Defense Form**

Student Name \_\_\_\_\_ Year in Program: \_\_\_\_\_

**Examination Dates (MM/DD/YYYY)**

Written Examination: \_\_\_\_\_ Oral Examination: \_\_\_\_\_

Evaluation:

**Written Examination**

PASS

FAIL

**Oral Examination**

PASS

FAIL

Comments:

**SIGNED (COMMITTEE MEMBERS)**

\_\_\_\_\_ Date: \_\_\_\_\_

Name

Signature

Advisor

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_