

**Department of Communication
Successful Completion of Comprehensive Exams**

The undersigned verify that the graduate student has successfully completed their Comprehensive Exams. Please return the completed and signed form to the Academic Program Specialist.

Full Name: _____ **USF ID#:** _____

Successfully Completed on: _____

Examining Committee

(Co-)Major Professor: _____

Signature: _____

Date: _____

(Co-)Major Professor: _____

Signature: _____

Date: _____

Member: _____

Signature: _____

Date: _____

Member: _____

Signature: _____

Date: _____

Member: _____

Signature: _____

Date: _____