UNIVERSITY AT ALBANY
State University of New York

School of Education
Department of Educational Theory and Practice

MEMORANDUM

To: The Registrar Student Name: _____

From: ETAP Student ID Number _____

Date: _____ Degree Program: **Ph.D.**

Subject: Comment to be recorded on Graduate Student Transcript

The above-named student has attempted the **Doctoral Comprehensive Exam**.

Results of Examination: _____ _____
(Passed or Failed) Date

Note: Only the latest examination result (pass or fail) is recorded on the student's transcript. Previous failures are deleted.

_____ _____
Signature of Chair of Examining Committee Date

_____ _____
Signature of Department Chair Date

Date Comment Recorded by Registrar: _____

Education 122
Albany, New York 12222
PH: 518-442-5020 FX: 518-442-5008
www.albany.edu