



Department of Communication  
Successful Completion of Comprehensive Exams

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

Full Name: \_\_\_\_\_ USF ID#: \_\_\_\_\_

Successfully Completed on: \_\_\_\_\_

Examining Committee

Major Professor: \_\_\_\_\_

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

Major Professor: \_\_\_\_\_

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

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

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

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

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

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

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