Kuwait University
College of Graduate Studies

Comprehensive Examination Results
(Confidential)

Program Director

Program: **College:**

Examination Date: **Exam Venue:**

Examination Results

	Student ID	Student Name	Result (please select)	Attempt 1st	Attempt 2nd	Remarks
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Committee Members

	Full name	Signature	Date
1.			
2.			
3.			
4.			

Signature & Stamp of Program Director: **Date:**

Signature & Stamp of Area Committee Chairperson: **Date:**

CGS Use only

Signature & Stamp of Vice Dean for Student Affairs: **Date:**

Signature & Stamp of Staff: **Date:**