

GRADUATE COLLEGE
Report of Failure of Comprehensive Exam

Purpose and Instructions:

Purpose: The *Report of a Failure of a Comprehensive Examination* (RFCE) is the official document by which a failure of a comprehensive exam is reported to the Graduate College.

Context: If a student passes the comprehensive examination, a grade of pass (P) is submitted. Failure of a comprehensive exam is documented by submission of a RFCE to the Graduate College and submitting the appropriate grade for 690 Master's Comprehensive Examination.

Procedure: The RFCE is completed and submitted to the Graduate College immediately upon determining that the student has failed the comprehensive exam. A comprehensive exam that is failed on the first attempt can be repeated once, but only if a second attempt is requested by the student and approved by the academic unit responsible for the program. If the student's request is approved, an incomplete grade (I) is assigned until the result of the second attempt is known. If the student does not make a second attempt or if the student fails a second attempt, then a grade of fail (F) is assigned and the student is dismissed from the program by the Graduate College. The submission of the RFCE should take place no later than the close of business on the next day after the comprehensive examination.

Distribution: The original RFCE is placed in the student file maintained by the Graduate College.

Questions: Questions should be addressed to the Dean of the Graduate College (208-426-3647).

Student Information:

Full Name (First Name, Middle Name(s), Last Name):		Date
Student ID Number	Degree Program:	
Date of Final Comprehensive Examination:	First Attempt	Second Attempt

Signatures of Supervisory Committee:

The undersigned persons are the voting members of the supervisory committee and find that the student has failed the final comprehensive examination.

Chair of Supervisory Committee _____	Date _____
Signature	Print name
Member of Supervisory Committee _____	Date _____
Signature	Print name
Member of Supervisory Committee _____	Date _____
Signature	Print name
Member of Supervisory Committee _____	Date _____
Signature	Print name