

**DECKER SCHOOL OF NURSING  
COMPREHENSIVE EXAMINATION COMPLETION FORM**

**Name:** \_\_\_\_\_

**Date of completion:** \_\_\_\_\_

**Provide a brief description of comprehensive examination topics, procedure, and performance in the space below.** Note: Critical components to be included in comprehensive examination as decided by the DSON Doctoral Council: nursing or rural theory, research and health policy.

**Overall evaluation (circle or highlight):** Exemplary    Satisfactory    Unsatisfactory

**Committee names and signatures:**

\_\_\_\_\_ **chair** \_\_\_\_\_  
(Please print name above) (Signature)

\_\_\_\_\_ **member** \_\_\_\_\_  
(Please print name above) (Signature)

\_\_\_\_\_ **member** \_\_\_\_\_  
(Please print name above) (Signature)