



University of Arkansas at Little Rock

College of Education

EdS Program in Educational Leadership

Comprehensive Examination Report

Name _____ T# _____
Last First Middle

Address _____ City/State/Zip _____

Telephone: Cell _____ Home _____ E-Mail _____

This is to certify that the student's *overall* performance rated as:

Inadequate Basic Satisfactory Proficient Date: _____

Comments: _____

Faculty Members:

| | | | |
|-------|-------|---------------------|------|
| _____ | _____ | Program Coordinator | Date |
| _____ | _____ | Department Chair | Date |
| _____ | _____ | COE Associate Dean | Date |
| _____ | _____ | Graduate Dean | Date |