



**STL Comprehensive Exam Grading Sheet**

Student Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Area of Concentration: \_\_\_\_\_

Written Examination Date: \_\_\_\_\_

Question	Examiner (please print)	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Final Written Exam Grade:** \_\_\_\_\_

Oral Examination Date: \_\_\_\_\_

Examiner (please print)	Grade
_____	_____
_____	_____
_____	_____

**Final Oral Exam Grade:** \_\_\_\_\_

**Combined Average of Written and Oral Grades:** \_\_\_\_\_

\_\_\_\_\_  
*Chair of the Ecclesiastical Degree Committee*

\_\_\_\_\_  
*Date*