

Comprehensive Examination

DEPARTMENT/PROGRAM: _____

STUDENT'S NAME: _____ BANNER ID#: _____

This is to certify that we have administered a **comprehensive examination** to the student named above for the degree indicated and that the student received a **passing** grade.

EXAM DATE: _____

Master of Arts

Master of Science

Doctor of Philosophy

FIELDS EXAMINED: _____

COMMENTS:

Date: _____

Chair of Examining Committee (Print Name)

(Signature)

Committee Member (Print Name)

(Signature)

Committee Member (Print Name)

(Signature)

Committee Member (Print Name)

(Signature)

Committee Member (Print Name)

(Signature)

Examination will be noted on transcript.

Distribution: Original only to the Dean of Graduate Studies and Research