



COMPREHENSIVE/QUALIFYING EXAMINATION MASTER'S DEGREE

*The student must be Full Graduate Standing before the examination can be administered.
This form is to be submitted to the Office of the Registrar upon completion of the examination.*

This certifies that _____ Student ID# 254 _____
Student Name

Field _____ Degree _____

_____ passed the examination/s for the Master's degree in _____
Field Date

_____ failed the examination/s for the Master's degree in _____
Field Date

Previous failures 1. _____
Date
2. _____
Date

The student is:

1. _____ granted a _____ chance to pass the examination/s
2. _____ terminated and not permitted to register as of _____ (semester and year)

Comments _____

Faculty Advisor _____	Date _____
Committee Member _____	Date _____
Committee Member _____	Date _____
Dean of the School _____	Date _____

Posted by Data Control _____ Date _____

Copy to: School/Department