

Result of Masters Comprehensive Examination

(Return within 24 hours of the exam to the Director of Graduate Studies.)

STUDENT _____ DATE OF EXAMINATION _____

We participated in the comprehensive examination of this student as scheduled and report our evaluation of the results as follows. (Committee members must sign in person at the conclusion of the examination.)

_____ Passed with Distinction	_____ Passed – Satisfactory	_____ Failed
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Committee Chair

Approved – Director of Graduate Studies

Date