



This is to report that the student whose name appears below has completed the Master's Comprehensive Examination(s) with the result indicated below.

Student Name (LAST, First) _____

Student Number _____

Major Department/Unit _____

Result of Candidacy Examination (GRAD 7010):

Pass

Please indicate if this was a: First Attempt Second Attempt

Date student completed requirements (MM/DD/YYYY)

Fail

Please indicate if this was a: First Attempt Second Attempt

Date student completed requirements (MM/DD/YYYY)

Committee of Examiners

Names

Department/Unit

Signatures

Table with 3 columns: Names, Department/Unit, Signatures. Multiple rows for signatures.

Chair (if applicable)

Department/Unit Head Signature Date (MM/DD/YYYY)