

FACULTY OF GRADUATE STUDIES

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REPORT ON MASTER'S COMPREHENSIVE EXAMINATION

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

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

Student Number: \_\_\_\_\_

Major Department: \_\_\_\_\_

Please indicate result in the category of Pass or Fail:

Comprehensive Examination (69.701) \_\_\_\_\_

For a failed result, please indicate:

First Attempt: \_\_\_\_\_ Second Attempt: \_\_\_\_\_

Name: \_\_\_\_\_  
(advisor)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Committee of Examiners and/or  
Department Head)

Date: \_\_\_\_\_