

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) with the result indicated below.

| Student Name (LAST , First) | | | |
|---|--------------------------|--|---------------------------------|
| Student Number | | | |
| Major Department/Unit | | | |
| Result of Comprehensive Examination (GR | RAD 7010): | | |
| | t Attempt ond Attempt | Fail Please indicate if this was a: | First Attempt Second Attempt |
| Date student completed requirements | | Date student completed requirements(MM/DD/YYYYY) | |
| Committee of Examiners | | | |
| Names | Department/Unit | Signatures | |
| | _ | | |
| | _ | | |
| | _ | | |
| | _ | | |
| | _ | | |
| | _ | | |
| Chair(if applicable) | | | |
| Department/Unit Head Signature | | Date | (MM/DD/YYYY) |

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