THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
The Graduate School
MASTER'S COMPREHENSIVE EXAM or APPROVED SUBSTITUTE REPORT

Student's Name_____ PID# _____

Department/Curriculum/School: _____

PART I: REPORT OF WRITTEN EXAMINATION ☐ or APPROVED SUBSTITUTE ☐

On behalf of a majority of the examining committee, I certify that the above named student:

_____ successfully passed the requirement   _____   _____

_____ failed to pass the requirement   *signature of committee chair*   *date*

☐ Check here if student previously failed this requirement. Date(s):_____

[ ] **By initialing, the committee chair certifies that this student was registered as required during the term this work was completed.**

PART II: REPORT OF ORAL EXAMINATION ☐ or APPROVED SUBSTITUTE ☐

On behalf of a majority of the examining committee, I certify that the above named student:

_____ successfully passed the requirement   _____   _____

_____ failed to pass the requirement   *signature of committee chair*   *date*

☐ Check here if student previously failed this requirement. Date(s):_____

[ ] **By initialing, the committee chair certifies that this student was registered as required during the term this work was completed.**

PART III: REPORT OF THE FINAL ORAL EXAMINATION (defense of thesis)

A majority of the committee for the above named student has judged the thesis defense to be:

_____ acceptable   _____   _____

_____ unacceptable   *signature of committee chair*   *date*

Committee member signature/date   Pass/Fail   Committee member signature/date   Pass/Fail
_____   _____   _____   _____

_____   _____   _____   _____

☐ Check here if student previously failed exam. Date(s):_____

[ ] **By initialing, the committee chair certifies that this student was registered as required during the term this work was completed.**

PART IV: REPORT OF THE FINAL THESIS (can be completed at the same time as Part III as appropriate)

A majority of the committee for the above named student has judged the thesis to be:

_____ acceptable   _____   _____

_____ unacceptable   *signature of committee chair*   *date*

Committee member signature/date   Pass/Fail   Committee member signature/date   Pass/Fail
_____   _____   _____   _____

_____   _____   _____   _____

[ ] **By initialing, the committee chair certifies that the required edits were made and the final document is approved for electronic submission.**

- Submit to the Graduate School after all activities have been successfully completed
- Keep copies for your files