



Master's Comprehensive Exam or Substitute Report

Student's Name _____ PID# _____

Department/Curriculum/School _____

Part I: Report of Preliminary Written Examination or Approved Substitute

On behalf of a majority of the examining committee, I certify that the above-named student was registered as required during the term this work was completed and:

_____ successfully passed the requirement. _____ failed to pass the requirement. _____ Date of exam

* _____ Student previously failed requirement. Previous exam date(s): _____

PRINT name of committee chair

signature of committee chair

date

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 was registered as required during the term this work was completed and:

_____ successfully passed the requirement. _____ failed to pass the requirement. _____ Date of exam

* _____ Student previously failed requirement. Previous exam date(s): _____

signature of committee chair

date

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. _____ Date of defense

For each committee member: print your name, add initials and date to indicate pass/fail of defense.

PRINTED name	Initials	Pass/Fail	PRINTED name	Initials	Pass/Fail
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* _____ Student previously failed exam. Previous exam date(s): _____

signature of committee chair

date

By signing, 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. _____ Date of final thesis

Committee members signature/date	Pass/Fail	Committee members signature/date	Pass/Fail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

signature of committee chair

date

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