COMPREHENSIVE EXAMINATION – M.A. PROGRAM

NAME: _____________________________________________ DATE: __________________

The above named graduate student took the Comprehensive Examination Oral Exam on ____________________________ (date).

The Student:

_____ Passed the Oral Exam

_____ Passed part of the Exam, but must re-take part(s). (Specify below)

_____ Failed the Exam

_____ Other (Specify below)

COMMENTS:

Committee: ____________________________________________

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