Exam Report of Comprehensive Examination, Portfolio Presentation, and Study Report for Master's Students

This form must be submitted to and approved by the Graduate School following the Examination.

Student Name: ___________________________ Student ID #: ___________________________

Degree/Program: ___________________________

The above named student has: (Check one)  ☐ Passed  ☐ Failed

Re-Examination:  The above named student has: (Check one)  ☐ Yes  ☐ No

☐ Comprehensive Examination On: ___________________________ Month: ___________ Day: _______ Year: _____

☐ Portfolio Presentation On: ___________________________ Month: ___________ Day: _______ Year: _____

☐ Study Report On: ___________________________ Month: ___________ Day: _______ Year: _____

Committee Member Signatures

Chair
Name: ___________________________  Signature/Date: ___________________________

Member
Name: ___________________________  Signature/Date: ___________________________

Member
Name: ___________________________  Signature/Date: ___________________________

Member
Name: ___________________________  Signature/Date: ___________________________

Graduate Program Director
Name: ___________________________  Signature/Date: ___________________________

Graduate School
Name: ___________________________  Date Received: ___________________________