

**Report of  
COMPREHENSIVE EXAMINATION  
For the Master's and/or Specialist degrees**

Date \_\_\_\_\_

\_\_\_\_\_, who is enrolled in the Master's  
(Name of Student and Student ID Number)

and/or Specialist degree program, \_\_\_\_\_,  
(Name of Program and Concentration)

in the Department of \_\_\_\_\_,

has taken the comprehensive examination(s) on graduate courses completed in the major field. The candidate took the examination(s) on

Written Examination date \_\_\_\_\_

Oral Examination (if required) date \_\_\_\_\_

On the basis of the candidate's performance on the examination(s), the examining Committee recommends that the candidate

\_\_\_\_\_ be granted the Master's and/or Specialist degree.

\_\_\_\_\_ re-take the comprehensive examination(s) before receiving approval for the Master's and/or Specialist degree.

\_\_\_\_\_ take the courses listed below before being permitted to re-take the comprehensive examination(s).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Department Chairperson:

\_\_\_\_\_  
Committee Chair or Program Director:

\_\_\_\_\_  
Member 1:

\_\_\_\_\_  
Member 2:

\_\_\_\_\_  
Member 3—optional: