Report Of Comprehensive Examination, Portfolio Presentation And Study Report For Master’s Students

Student Name: _____________________________ ID #: 800___________

Degree/Major: ______________________________________________________

The above named student has: (Check one)  _____Passed  _____Failed

_____Written Comprehensive Examination On: Month_____ Day_____ Year_____

_____Oral Comprehensive Examination On: Month_____ Day_____ Year_____

_____Portfolio Presentation On: Month_____ Day_____ Year_____

_____Study Report On: Month_____ Day_____ Year_____

Committee Signatures (All committee members must be active members of the Graduate Faculty):

Chair: _____________________________________________________________
(Print Name, Sign and Date)

Member:  __________________________________________________________
(Print Name, Sign and Date)

Member:  __________________________________________________________
(Print Name, Sign and Date)

Member:  __________________________________________________________
(Print Name, Sign and Date)

Graduate Program Director: ________________________________
(Print Name, Sign and Date)

May 2014