



Report on Comprehensive Exam/Thesis Defense

\*\*Masters Students Only\*\*

Student ID#: \_\_\_\_\_

This report certifies that on:

\_\_\_\_\_
Date Last name First name Middle name

Completed the following event:

- Comprehensive Examination Passed [ ] Failed [ ]
Defense of Thesis Passed [ ] Failed [ ]

as prescribed and required for the degree of: \_\_\_\_\_

The Graduate School recommends all comments regarding the exam be made in writing to the student. This document is meant solely to inform The Graduate School of the pass or fail on the event noted. This form is not to be submitted by the student.

Examining Committee Signatures

Approvals:

How did you attend?

Print Name

Signature

In Person

Video

(Chair)

Grid of checkboxes for attendance: In Person and Video columns with 5 rows.

Dissenters (if any): \_\_\_\_\_

Department Head Signature

Date

The Graduate School

Date