

**COLLEGE OF EDUCATION, & COLLEGE OF
ENGINEERING
EXIT COMPREHENSIVE EXAM**

TO: College of Graduate Studies

FROM: Dean of College _____
Departmental Chair _____

RE: Comprehensive Exam for: _____
(Student's Name)

Date of Examination: _____

(This form is valid for the scheduled date of exam only and must be returned to the departmental office immediately following full committee approval)

Student T Number: _____ **Major:** _____

An exit comprehensive examination has been conducted for the above named student who is a candidate for the following degree:

(Check one)

- Master of Arts
- Master of Science
- Specialist in Education

COMMITTEE APPROVAL:

Pass

Fail

_____ Chair, Advisory Committee
_____, Member
_____, Member
_____, Member
_____, Member
_____, Member
_____, Member

A unanimous vote is required for a student who has passed all parts of the Comprehensive Exam.