

Completion of Comprehensive Examination

Student Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Graduate Program: \_\_\_\_\_

Concentration (If applicable): \_\_\_\_\_ Catalog: \_\_\_\_\_

Non-Thesis Option:

Thesis Option:

If Thesis Option, please provide:

Member: \_\_\_\_\_  
Print Name Date

Member: \_\_\_\_\_  
Print Name Date

Member: \_\_\_\_\_  
Print Name Date

This is to certify that \_\_\_\_\_

Passed the Comprehensive Examination.

Failed the Comprehensive Examination.

Comp Exam Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Advisor of Record: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean: \_\_\_\_\_ Date: \_\_\_\_\_