

**COLLEGE OF EDUCATION & HUMAN SCIENCES
& COLLEGE OF ENGINEERING EXIT
COMPREHENSIVE EXAM**

TO: College of Graduate Studies

FROM: Dean of College _____
Department 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

Please check here if a College of Education & Human Sciences licensure program

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.