



COLLEGE OF ARTS & SCIENCES  
EXIT COMPREHENSIVE EXAM

TO: College of Graduate Studies

FROM: Chair, Advisory Committee \_\_\_\_\_  
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:

Master of Arts

Master of Science

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.