

***Masters Comprehensive / Ph.D. Qualifying Exam**

_____	_____	_____
Student's Last Name	First Name	Student ID/CWID
_____	_____	
Department	Major	

We report the result of the following examination and certify that the student has:

Passed	Failed	
<input type="checkbox"/>	<input type="checkbox"/>	Master's Comprehensive Examination for a Master of Science/Professional Masters degree.
<input type="checkbox"/>	<input type="checkbox"/>	Project course required for a professional master's degree.
<input type="checkbox"/>	<input type="checkbox"/>	Ph.D. Qualifying Examination.
<input type="checkbox"/>	<input type="checkbox"/>	Master's Thesis Defense.

Date of examination _____

Committee Chairman _____ Date _____

Department Chairman _____ Date _____

Optional Remarks _____

***Must be filled out by the chairman of the examining committee in the presence of all members and returned to the Dean of the Graduate College within 72 hours.**

Master's Candidates must not have access to this form at any time.