

MEMORANDUM

To: Graduate School

From: _____
Graduate Coordinator or Department Chair

Department or School

Date: _____

REPORT OF COMPREHENSIVE EXAMINATION(S)

This is to certify that the following student has taken the comprehensive examination(s) with a grade of pass or fail. (All results must be reported to the Graduate School.)

Student's name

SID

Candidate for: Degree _____ Major: _____

Date of written exam: _____ PASS FAIL

Date of oral exam: _____ PASS FAIL