



The Graduate School

Upload this form to our secure folder located on our forms webpage.

Report on Comprehensive Exam/Thesis Defense

****Master's Students Only****

The student must be registered during the term (fall, spring, summer) they take their exam or defense. See graduate catalog section 4.1 for full enrollment requirements.

Student ID#: _____

This report certifies that on:

Date

Last name

First name

Middle name

Completed the following event:

- Comprehensive Examination Passed ☐ Failed ☐
- Defense of Thesis Passed ☐ Failed ☐

as prescribed and required for the degree of: _____

The Graduate School recommends all comments regarding the exam be ***made in writing*** to the student. This document is meant solely to inform The Graduate School of the pass or fail on the event noted. This form is not to be submitted by the student.

Examining Committee Signatures

Approvals:

How did you attend?

Print Name

Signature

In
Person

Video

(Chair)

☐☐☐☐☐☐☐☐☐☐

Dissenters (if any): _____

Department Head Signature

Date

The Graduate School

Date