

STUDENT INFORMATION

LAST _____ FIRST _____ MIDDLE INITIAL _____

EXAMINATION DATE _____

PURSUIING FINAL PAPER THESIS

RECOMMENDATION

The committee recommends this student's comprehensive examination as follows:

Pass Fail

If the vote of the committee is Fail, please explain:

EXAMINATION COMMITTEE APPROVAL

	Printed Name	Signature	Date
Committee Chair			
Member			
Member			
Member			
Member			

PROGRAM APPROVAL

	Printed Name	Signature	Date
Program Director			

Submit completed form to the Graduate School gradschool@mcw.edu