

**COMPREHENSIVE EXAMINATION FORM  
MASTER'S DEGREE**

Name of Student:

Department/Major:

Degree Sought:

Time, Date and Place of Examination:

Type of Examination (written, oral or combination):

Name of Person Making Arrangements for this Examination:

Results of Examination:

Pass or NOT Pass

Graduate Program Director

Date

Department Chair  
(or Associate Dean for Academic Affairs in Nursing)

Date

Dean

Date

Remarks:

A copy of the examination is on file in the office of the School of Graduate Studies. The answers are kept in the departmental files.