

**COLLEGE OF LIBERAL AND FINE ARTS
COMPREHENSIVE EXAMINATION REQUEST/APPROVAL**

Student's Name _____ Student ID# _____

Major _____ Emphasis _____ Catalog _____

I. The graduate faculty of the Department of _____ recommend that the following faculty members be named as this student's Comprehensive Examination Committee

Chair _____

Member _____

Member _____

Member _____

Recommended: _____
Graduate Advisor of Record Date

Transmitted: _____
Department Chair Date

Approved: _____
Associate Dean Date

.....
II. The examination will be administered during the _____ semester.

Written Date: _____ Time: _____ Location: _____

Oral Date: _____ Time: _____ Location: _____

Graduate Advisor of Record

.....
III. This is to certify that _____
Student's Name

_____ has successfully passed the Comprehensive Examination for Master of Music/Arts/Science in _____.
_____ has successfully **HIGH PASSED** the Comprehensive Examination for Master of Music/Arts/Science in _____.
_____ has failed to pass the Comprehensive Examination for Master of Music/Arts/Science in _____.
_____ must pursue the following action as pertains to Master of Music/Arts/Science in _____.

Date _____

_____, Chair _____, Member

_____, Member _____, Member

Attach a memo stating the detailed results of the exam