

*Notice of Successful Completion of Comprehensive Examination*

Date: \_\_\_\_\_

\_\_\_\_\_ (Name of Student) has successfully completed  
the Comprehensive Examination and receives a grade of PASS.

\_\_\_\_\_  
Signature of Exam Director

\_\_\_\_\_  
Signature of Faculty Reader

\_\_\_\_\_  
Signature of Faculty Reader

Copies of this form should be sent to:

Graduate Director  
Student  
Registrar