

Name: _____

last first

I.D.: _____

ANDREWS UNIVERSITY
REPORT OF COMPREHENSIVE EXAMINATION RESULT
MASTER'S PROGRAM

School: _____ Department: _____

Degree: _____ Concentration/Emphasis: _____ Bulletin: _____

Anticipated Graduation Date: _____

Mailing address: _____ Phone: _____

Date comprehensive examination taken: _____

Members of the examining committee (normally a minimum of 3):

1. _____
2. _____
3. _____
- _____
- _____

COMMENTS

RESULTS:

Pass

No Pass

Examining committee chair/program director

date

School Dean/graduate program coordinator

date