MISSOURI STATE UNIVERSITY GRADUATE COLLEGE

COMPREHENSIVE EXAMINATION APPLICATION/RESULTS FORM

Section 1: To be completed by student

|  |  |
| --- | --- |
| Name:  | M-number:  |
| Degree and Area:  | Expected Graduation Date:  |

Student Signature: Date:

Section 2: To be completed by department with a copy sent to student

NOTIFICATION OF TIME AND PLACE

Please report on (month/date/year): at:

to (Building and room number):

Signature of Academic Unit: Date:

Section 3: To be filled out by the academic unit upon the completion of the comprehensive exam and then submitted to the Graduate College.

RESULTS

Pass Not Pass

Approved by: Date: (Signature of Program Director/Coordinator)