

**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)