



Master's Record of Progress
(Submit original to Graduate School)

Name: _____ ID: _____

Department: _____ Degree: _____ Major: _____

Master's Comprehensive Examination

The above named student passed the master's comprehensive examination on: _____ (date)

Committee
(minimum of three)

Score*

Table with 3 columns: Chair, Signature, Score*. Rows include Type or Print Name and Signature for each committee member.

*A score, either pass or fail or a numerical score, MUST be indicated by each member of the committee.

Master's Thesis/Non-thesis Option

Non-Thesis Option _____ Date of Final Examination or Project Approval: _____

Thesis Option _____ Date of Defense: _____ Grade (Optional): _____

Degree Requirements

All department requirements for completion of the degree: (check below)

- _____ have been met.
_____ will be met (check all that apply)
_____ when current course work is satisfactorily completed
_____ with submission of thesis to the Mullins Library
_____ with approved transfer of graduate credit
_____ other _____

Signature (Department Head): _____

Graduate School Use Only

Comprehensive Exam Passed: _____ Degree: _____

Thesis Accepted: _____ Grade: _____ Major: _____

Research Committee Approval: _____