MISSOURI STATE UNIVERSITY
GRADUATE COLLEGE
COMPREHENSIVE EXAMINATION
APPLICATION/RESULTS FORM

Section 1: To be completed by student

Name: ________________________________ M-number: _______________________
Mailing Address: ___________________________________________________________
Email Address: __________________________ Telephone: _______________________
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 Department: _____________________________________________ Date: __________

Section 3: To be filled out by the department upon the completion of the comprehensive exam and then submitted to the Graduate College for approval. Graduate College will approve and send copy to student and to the department.

RESULTS

Pass with Distinction Pass Not Pass
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Approved by: __________________________ Date: __________
(Signature of Exam Board Member)

Approved by: __________________________ Date: __________
(Signature of Exam Board Member)

Approved by: __________________________ Date: __________
(Signature of Exam Board Member)

Submitted by: __________________________ Date: __________
(Signature of Department Head/Program Director)

Accepted by: __________________________ Date: __________
(Signature of Graduate College)