

REPORT OF COMPREHENSIVE EXAMINATION
Cratis D. Williams Graduate School
Appalachian State University

Name of Student: _____ **Banner ID:** _____

Degree: _____ **Major:** _____

Concentration (if applicable): _____

Date(s) of Examination:

Written, if applicable: _____ Oral, if applicable: _____

On the basis of performance on the comprehensive examination(s), the examining Committee recommends that the student:

be granted the degree with no further examination.

retake the comprehensive examination(s) before receiving approval for the degree. *The department must submit a new form once the new examination is completed. Please list any courses or other work required prior to retaking the examination.*

be denied the degree. *This action will suspend the student from further graduate study at Appalachian.*

APPROVALS:

Department Chair or Program Director: _____ Date: _____

Committee members (at least two signatures required):

Printed Name: _____ Signature: _____

Printed Name: _____ Signature: _____

Printed Name: _____ Signature: _____

Submit this form to the Graduate Records staff no later than the first day of finals in the semester of graduation.

*Campus Mail: Graduate School
BOX 32068
CAMPUS*

In person: 232 JET Hall

Scanned: graduaterecs@appstate.edu