



MARQUETTE UNIVERSITY GRADUATE SCHOOL MASTER'S COMPREHENSIVE EXAMINATION REPORT

If you need assistance completing this form, please contact the Graduate School at 414-288-7137.

STUDENT INFORMATION

Name:	<input type="text"/>	MUID:	<input type="text"/>
Program:	<input type="text"/>	Date of Exam:	<input type="text"/>

This is the student's: First Attempt
 Second Attempt

A. The committee/department, as a whole, recommends that the above named student: Passed Failed

B. Briefly list the student's strengths and/or weaknesses, if appropriate. (This information will not appear on transcripts, nor in correspondence to the student.)

C. If the student failed, does the department consent to a second attempt? Yes No

D. If the student's performance was unsatisfactory, what conditions are required prior to the student's re-examination? Please be specific regarding readings, preparations, etc. and attach to this report.

E. Date by which second attempt must be completed:

COMMITTEE

TYPED NAMES

Committee Chairperson:

Committee Member:

Committee Member:

Committee Member:

Committee Member:

Department Chair or DGS:

SIGNATURES

Committee Chairperson:

Department Chair or DGS:

PLEASE FORWARD COMPLETED FORM TO THE GRADUATE SCHOOL

FOR GRADUATE SCHOOL USE ONLY:

Posted Date: _____