

**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 Academic 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

Not Pass

Approved by: _____ Date: _____
(Signature of Advisor)

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

Accepted by: _____ Date: _____
(Signature of Graduate College)