

Student File Number
(Second row of numbers on student I.D.)

COLLEGE OF GRADUATE STUDIES AND RESEARCH
Minnesota State University, Mankato

Written Comprehensive Examination Request and Report

The candidate shall complete duplicate copies of this request down to the asterisks and submit both copies to the chairperson of the department involved. This request shall be filed at least two weeks prior to the examination. The examination shall be completed at least two weeks prior to the expected date of graduation.

_____ Tech ID number

Final written examinations are to be given _____
Name of Candidate

who expects to graduate at the end of the _____ term, 20 _____ ,

with a _____ degree in _____ .

The student will write the examination on _____ at
Date

_____ in _____ .
Time Building and Room

_____ Date _____
Signature of Advisor

The appropriate departmental committee has made the following decisions concerning the candidate's written comprehensive examinations:

_____ Satisfactorily completed

_____ Failed

_____ Decision deferred

Remarks _____

_____ Date _____
Signature of graduate coordinator or other appropriate official

Keep one copy in the candidate's file in the department.
Send one copy to the College of Graduate Studies and Research.