

# SCRIPPS COLLEGE OF COMMUNICATION

## REPORT ON THE COMPREHENSIVE EXAM FOR THE MASTER'S DEGREE

Name \_\_\_\_\_ PID # \_\_\_\_\_

School of \_\_\_\_\_ Major Code \_\_\_\_\_

The above named student took the Comprehensive Exam on \_\_\_\_\_ .

After review, the Committee decision on \_\_\_\_\_ (date)

\_\_\_\_\_ Passed \_\_\_\_\_ Failed

Comments

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REQUIRED SIGNATURES

TYPED NAMES

\_\_\_\_\_, Advisor  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Associate Director for Graduate Studies \_\_\_\_\_ Date

.....	Date SCHOOL sent <b>original</b> to Associate Dean, College of Communication, Schoonover 121
.....	Date SCHOOL sent copy to the Student
.....	Date SCHOOL sent copy to the Advisor