

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

REQUIRED SIGNATURES

TYPED NAMES

_____, Advisor

Associate Director for Graduate Studies _____ Date

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