



MARQUETTE UNIVERSITY GRADUATE SCHOOL MASTER'S COMPREHENSIVE EXAMINATION REPORT

STUDENT INFORMATION

Name: MUID:
Program: Date of Exam:

This is the student's: First Attempt
 Second Attempt

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

2. The examination committee note(s) the following level of performance, check one:

Outstanding Above Average Average Below Average

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

4. If the student's performance was unsatisfactory, what conditions would you recommend or require prior to the student's re-examination? Please be specific regarding further readings, preparations, etc.

COMMITTEE

TYPED NAMES

Committee Chairperson:
Committee Member:
Committee Member:
Committee Member:
Committee Member:
Department Chair or DGS:

SIGNATURES

Committee Chairperson:

Department Chair or DGS:

FOR GRADUATE SCHOOL USE ONLY:

Posted Date: _____