

Master of Science in Applied Economics  
**MASTER'S COMPREHENSIVE EXAMINATION REPORT**

Student Name

MUID

Specialization

Date of Examination

Exam Attempt

1st  
attempt

2nd  
attempt

Overall, the Department recommends that the student's comprehensive examination has:

passed

failed

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Note: A copy of the written recommendations or requirements given to the student is required and must accompany this form.

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**COMMITTEE**

Faculty Name

\_\_\_\_\_  
**Signature**

Faculty Name

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**Signature**

Faculty Name

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Signature of Department Chairperson OR Director of Graduate Studies

\_\_\_\_\_  
Date

Posted to student records via GSM:  
date:  
initials: