



OFFICE OF THE REGISTRAR

NAME AND ADDRESS

NAME		
STREET		
CITY	STATE	ZIP CODE

DEGREE

CANDIDATE FOR THE DEGREE OF _____ IN _____
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SOCIAL SECURITY / STUDENT NUMBER	COLLEGE / SCHOOL <input type="checkbox"/> CAS <input type="checkbox"/> SOC <input type="checkbox"/> KOGOD <input type="checkbox"/> SPA <input type="checkbox"/> SIS
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COMPREHENSIVE NO.	COMPREHENSIVE TITLE	DATE SUCCESSFULLY COMPLETED	DISTINCTION OR SATISFACTORY

THIS IS TO CERTIFY THAT THE ABOVE STUDENT HAS SUCCESSFULLY COMPLETED THE COMPREHENSIVE TESTING REQUIREMENT(S) LISTED ABOVE. THIS INFORMATION IS TO BE RECORDED ON THE STUDENT'S ACADEMIC RECORD FOR THE

_____ Semester

_____ Year

_____ Teaching Unit Chair

_____ Date

_____ Dean / Director

_____ Date

NOTE TO TEACHING UNIT: WHEN A STUDENT HAS SUCCESSFULLY COMPLETED EACH COMPREHENSIVE TESTING REQUIREMENT, THE TEACHING UNIT IS TO COMPLETE THIS FORM AND FORWARD IT FOR THE APPROVAL OF THE DEAN OR DIRECTOR. THE DEAN OR DIRECTOR IS RESPONSIBLE FOR THE DISTRIBUTION OF COPIES OF THIS FORM TO THE UNIVERSITY REGISTRAR, TEACHING UNIT AND STUDENT.