

Graduate Program in Biology

MA Comprehensive Examination RESULTS Form

EXAM DATE(S): _____

EXAMINATION RESULT

Pass Fail Option to retake (one time only)

Name of Research Advisor (Print) Signature of Research Advisor Date

Test administered by:

Name (Print) Signature Date

Name (Print) Signature Date

Name (Print) Signature Date

Name (Print) Signature Date

MA Advisory Committee's suggested course of action to rectify any perceived deficiency:

Name of Student (Print) Signature of Student Date

Name of Program Director (Print) Signature of Program Director Date

Note to Committee: It is a program requirement that ten calendar weeks must pass before a retake of the comprehensive examination may be scheduled. If a student fails to pass this exam, the student may no longer be in good standing with the program and may lose graduate student status at the discretion of the Advisory Committee. The results of this examination should be submitted to the Biology office prior to the end of the student's third semester in residence.

This form should be sent to the Registrar's Office for permanent recordkeeping.