

**MARQUETTE UNIVERSITY GRADUATE SCHOOL
MASTER'S COMPREHENSIVE EXAMINATION REPORT**

Student's Name: _____ MUID: _____
Program: _____ Degree: _____
Date of Examination: _____
This is the student's First Second attempt at this exam.

1. The committee/department, as a whole, recommends that the student Passed Failed this exam.
2. The examination committee note(s) the following level of performance, check one: (optional)
- Outstanding Above Average Average Below Average
3. Briefly list the student's strengths and/or weaknesses if appropriate.
(This information does not appear on transcripts or 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 Members:

Department Chairperson OR Director of Graduate Studies:

SIGNATURES:
