

TCF MASTER'S COMPREHENSIVE EXAMINATION FORM

To: The TCF graduate coordinator

Date: _____

We, the undersigned, have administered a Master's comprehensive examination to

NAME: _____ CWID: _____

The results of this examination are (circle one):

- (a) pass
- (b) conditional pass
- (c) fail

Note: If "fail," then the student must retake the examination and a new Comprehensive Examination Form must be submitted. If "conditional pass," then the student's advisor will oversee the fulfilment of the conditions. The advisor must initial this form when the conditions have been met: _____ (advisor's initials).

Upon passing this examination, the student is qualified to work on his or her thesis, project or independent research. **The thesis/project topic must be entered here:**

SIGNED:

_____ (advisor)

I dissent from the foregoing report:

Copies to: TCF Office (student's file)
Student's Advisor
Student