

COLLEGE OF EDUCATION

**VERIFICATION OF Ed.S. COMPREHENSIVE EXAMINATION RESULTS**

Student Name:            UID#:

Program:

The above-named student took the Ed.S. Comprehensive Examination during  
Fall 20 .

The performance was judged to be

Satisfactory                       Unsatisfactory

Today's Date:

Signature of Supervisory Committee Members:

\_\_\_\_\_  
Major Professor:            ,

\_\_\_\_\_  
Co-Major Professor:            ,

\_\_\_\_\_  
Member:            ,

\_\_\_\_\_  
Member:            ,

**Please return form with original signatures to the Graduate Support Office (EDU 320).**