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**Verification of Comprehensive Examination Results**

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Student's Name: \_\_\_\_\_

**USF ID:** \_\_\_\_\_

Program: \_\_\_\_\_

Advisor: \_\_\_\_\_

The above student took the **Comprehensive Examination** on \_\_\_\_\_  
(month/ year).

The performance was judged to be:  
(check only one)

\_\_\_\_\_ Satisfactory

\_\_\_\_\_ Unsatisfactory

\_\_\_\_\_ Examination was not taken this semester.

Date Signed: \_\_\_\_\_

Examining Committee

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: This form must be returned to the appropriate advising office:**

**M.A. and M.Ed. Students: Graduate Studies Office, EDU 320.**

**M.A.T. Students: Student Academic Services, EDU 106**

**This student has applied to Graduate during the current semester.**