

THE GRADUATE SCHOOL – AUBURN UNIVERSITY

FORM 8

NON-THESIS MASTER'S/ED SPECIALIST COMPREHENSIVE EXAMINATION FORM

To the Dean of the Graduate School:

This is to certify that the student named below, having fulfilled all requirements except for courses taken during the current term, has passed the comprehensive examination for the **master's non-thesis / Ed Specialist** degree.

Student name: _____ Banner ID Number: _____

Major: _____

I/We now recommend that the degree be conferred.

Major Professor Signature: _____ Date: _____

Committee Signatures (if applicable):

If the student will **NOT** graduate this term, please indicate the reason and return this form to the Graduate School as soon as possible.

Failed examination

Did not take examination

Other (please explain below)

Major Professor Signature: _____ Date: _____

(Please call 334-844-4700 if you have questions concerning this Form 8)