

THE GRADUATE SCHOOL – AUBURN UNIVERSITY

# FORM 8

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

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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** degree.

Student name: \_\_\_\_\_ Banner ID Number: \_\_\_\_\_

Major: \_\_\_\_\_

I/We now recommend that the degree be conferred.

Major Professor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Signatures (if applicable):

\_\_\_\_\_

\_\_\_\_\_

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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) \_\_\_\_\_

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Major Professor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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