

THE GRADUATE SCHOOL - AUBURN UNIVERSITY

FORM 8

NON-THESIS MASTER'S OPTION STUDENT 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** 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) _____

Major Professor Signature: _____ Date: _____

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