

THE GRADUATE SCHOOL – AUBURN UNIVERSITY

**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) _____
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Major Professor Signature: _____ Date: _____

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