

Western Connecticut State University
Fulfillment of the requirements for a
COMPREHENSIVE EXAMINATION

EXAMINATION COMPLETION

Department: _____ Degree Program: _____

Student: _____
Name Student ID #

Examination area or field: _____

Date Completed: _____

Examiner(s): Sign below upon satisfactory completion of examination requirement.

Examiner 1 Examiner 2

Examiner 3 Examiner 4

PROGRAM AND DEPARTMENTAL REVIEW (as appropriate)

The examiner(s) has(have) conducted and evaluated the comprehensive examination in compliance with program and University requirements.

Program Coordinator Date

Department Chair Date

SCHOOL DEAN

The examiner(s) has(have) conducted and evaluated the comprehensive examination in compliance with program and University requirements.

Dean School Date

GRADUATE OFFICE

The Graduate Office was duly and properly informed that the comprehensive examination requirements for the degree have been appropriately fulfilled and that the examination materials have been archived by the department.

For the Graduate Office Date 01/26/2023