

**TENNESSEE TECHNOLOGICAL UNIVERSITY
GRADUATE SCHOOL**
Box 5036 • Cookeville, Tennessee

(PLEASE PRINT OR TYPE THIS FORM EXCEPT FOR APPROVALS)

TO: Graduate School

FROM: _____ Chair, Advisory Committee
_____ Department

RE: Comprehensive Exam for: _____
(Student's Name)

Date of Examination: _____

Student T Number: _____ **Major:** _____

A final comprehensive examination has been conducted for the above student who is a candidate for the following degree:

(Check one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Master of Arts | <input type="checkbox"/> Master of Professional Studies | <input type="checkbox"/> Specialist in Education |
| <input type="checkbox"/> Master of Education | <input type="checkbox"/> Master of Science in Nursing | <input type="checkbox"/> Ph.D. Exceptional Learning |
| <input type="checkbox"/> Master of Science | | |

(Check appropriate)

- The student **HAS** passed this examination.
- The student **HAS NOT** passed this examination.
- The committee recommends this PhD Exceptional Learning student for candidacy.

COMMITTEE APPROVAL:

_____, Chair, Advisory Committee
_____, Member
_____, Member
_____, Member
_____, Member
_____, Member
_____, Member