University of Manitoba | Faculty of Graduate Studies

Report on Master's Comprehensive Examination

This is to report that the student whose name appears below has completed the Master's Comprehensive Examination(s) with the result indicated below.

Student Name (**LAST**, First) _____

Student Number _____

Major Department/Unit _____

Result of Comprehensive Examination (GRAD 7010):

◯ **Pass**

Please indicate if this was a: ◯ First Attempt ◯ Second Attempt

Date student completed requirements _____ (*MM/DD/YYYY*)

◯ **Fail**

Please indicate if this was a: ◯ First Attempt ◯ Second Attempt

Date student completed requirements _____ (*MM/DD/YYYY*)

Committee of Examiners

Names	Department/Unit	Signatures
Chair _____ (*if applicable*)		

Department/Unit Head Signature _____ Date _____ (*MM/DD/YYYY*)

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