## #2-01 CSSE Comprehensive Examination Completion Form

Student Name (print):	ID:
• • • • • • • • • • • • • • • • • • • •	mination: grades) for programmatically required courses eted <i>OR</i> written approval from Comps Advisor
Term of Exam: Fall 20 or	Spring 20
Committee (print names)	
Comps Advisor/Chair:	
Member 1:	
Member 2:	
Decision	
O Pass	
O Pass with Revisions (Revisions appro	ved by:) Name Date
O No Pass	Name Sate
Comps Advisor/Chair Signature:	
CSSE Program Director Signature:	Date: