



# Minot State UNIVERSITY

## Graduate School

## Comprehensive Written Examination

Student's Name: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

The Candidate has:  **Passed**                       **Failed**                       **Failed Second Attempt**

\_\_\_\_\_  
Signature, **Chairperson** of Graduate Committee

\_\_\_\_\_  
Signature, Member of Graduate Committee

\_\_\_\_\_  
Signature, Member of Graduate Committee

\_\_\_\_\_  
Signature, Department/Division Chairperson