

UNIVERSITY OF ARKANSAS
GRADUATE SCHOOL
MASTER'S RECORD OF PROGRESS
(Submit original to Graduate School)

Name: _____ ID: _____
Department: _____ Degree: _____ Major: _____

MASTER'S COMPREHENSIVE EXAMINATION

The above named student passed the master's comprehensive examination on: _____ (date)

COMMITTEE
(minimum of three)

SCORE*

Chair	Type or Print Name	Signature (Chair)	
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

*A score, either pass or fail or a numerical score, **MUST** be indicated by each member of the committee.

MASTER'S THESIS/NON-THESIS OPTION

Non-Thesis Option _____ Date of Final Examination or Project Approval: _____

Thesis Option _____ Date of Defense: _____ Grade (Optional): _____

Signature (Chair): _____

Degree Requirements

All department requirements for completion of the degree: (check below)

- _____ have been met.
- _____ will be met (check all that apply)
 - _____ when current course work is satisfactorily completed
 - _____ with submission of thesis to the Mullins Library
 - _____ with approved transfer of graduate credit
 - _____ other _____

Signature (Department Head): _____

GRADUATE SCHOOL USE ONLY

Comprehensive Exam Passed: _____ Degree: _____

Thesis Accepted: _____ Grade: _____ Major: _____

Research Committee Approval: _____