



RESULTS REPORTS
CAPSTONE COMPREHENSIVE
EXAMINATION
MASTER'S OF EDUCATION

TO: Dean, College of Professional and Graduate Studies

NAME _____ Student ID# _____

ADDRESS _____

TELEPHONE NO. HOME _____ WORK _____

MAJOR FIELD _____

- The above student has **successfully** completed the comprehensive examination for the Master's of Education Degree.
- Please schedule an appointment with your advisor to discuss remediation requirements.

Signatures

Advisor _____

2nd Capstone Committee Member _____

3rd Capstone Committee Member _____