FLORIDA STATE UNIVERSITY
COLLEGE OF EDUCATION
Office of Academic Services and Intern Support

MASTER'S COMPREHENSIVE EXAM/PORTFOLIO DEFENSE RESULTS

Directions:

- Form fields must be typed
- Submit one original to OASIS
- Submit one copy to student's department
- Student should retain one copy for his/her personal records

TYPE:

☐ Master's Comprehensive Exam

☐ Master's Portfolio Defense

_____
Student Name

_____
EMPLID

Department Name (choose one):

_____
Department

_____
Major

_____
Major Professor – printed name & signature

Exam Date: ____/____/____

Current Date:_____/____/____

FORMAT:

☐ Written ☐ Oral

RESULTS:

☐ Passed ☐ Failed ☐ Conditional*

Consenting Members:

_____
printed name & signature

_____
printed name & signature

_____
printed name & signature

Dissenting Members:

_____
printed name & signature

_____
printed name & signature

Conditions (if any): _____

_____

_____

Recommended graduation date: _____20___
semester

**If conditional pass, new form indicating pass must be submitted to OASIS when conditions have been met.*

rev. 06 December 2017