

REPORT OF QUALIFYING/COMPREHENSIVE EXAM – MASTER OF SCIENCE DEGREE
GRADUATE DEGREE PROGRAM IN ECOLOGY
COLORADO STATE UNIVERSITY

Student's Name and Address:	Date of Exam _____
	First Exam Yes <input type="checkbox"/> No <input type="checkbox"/>
	Second Exam (following unsuccessful attempt) Yes <input type="checkbox"/> No <input type="checkbox"/>
Student's ID Number:	

Results of Exam:

Pass Conditional Pass Fail

Committee Members voting to PASS (signature)	Committee Members voting to FAIL (signature)
Advisor (Committee Chair)	Advisor (committee chair)

Please list conditions to be met before second exam (in case of failure) or to remediate conditional pass:

Return this form to the GDPE Office (A118 NESB) for the director's signature. Copies will be made for
 (1) Student (2) Advisor (3) Program files

Program Director Signature

Date
