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NOTIFICATION OF RESULTS OF THE COMPREHENSIVE EXAMINATION

(To be returned to The Graduate School no later than ONE WEEK after the examination)

		Date
O: The Graduate School		
This is to notify you that		
	Student Name	MaineStreet ID (7 Digit)
as passed the final comprehen	nsive examination in the fi	eld of
		on
	Field	Date
		ADVISORY COMMITTEE: (Signatures)
		Graduate Coordinator