Department of Health, Nutrition, and Food Sciences

Master's Comprehensive Examination Results

This form is to be submitted to the CEHHS Office of Academic Services and Intern Support each time the student attempts the master's comprehensive examination. This form certifies the results of the student's comprehensive examination. Students must be in good academic standing in order to sit for the exam. Students should register for the course in the semester they intend to pass. Please see departmental policies for details.

STUDENT INFORMATION

Name: _____ **EMPLID:** _____

Student FSU E-mail: _____

Plan: _____

RESULTS

The result of the attempt as a whole will be recorded below. If any portion of the exam is not taken, a pass will not be given.

☐ PASS

☐ FAIL

☐ RE-EXAM within the same semester

DATE: _____

_____ _____

Major Coordinator Signature

APPROVAL:

_____ _____ _____

Department Chair Signature Date

_____ _____ _____

Academic Dean or delegate Signature Date