



Department of Biological Science  
Florida State University

## Course-type MS Comprehensive Examination Memo

**Date:** \_\_\_\_\_

**To:** Associate Chair for Graduate Studies

\_\_\_\_\_ (graduate student) has completed the  
Comprehensive Examination conducted by the Supervisory Committee on  
\_\_\_\_\_ (date). The outcome of the Exam was:

**Outcome** (*check one*)

\_\_\_\_\_ passed

\_\_\_\_\_ failed, without possibility of re-examination

\_\_\_\_\_ conditional pass, additional work to be completed (as stipulated in attachment)

\_\_\_\_\_ re-examine

\_\_\_\_\_  
Major Professor / Co-Major Professor

\_\_\_\_\_  
Co-Major Professor

\_\_\_\_\_  
Director, Course-type MS Program