Report on Comprehensive Examination

Student Identification							
FIRST NAME	LAST NAME					STUDENT NUMBER	
NAME OF THE SUPERVISOR				NAME OF THE C	OSUPERVISOR (IF APPLI	CABLE)	
Program	○ ВСН	O CMM	O EPI	O MIC	O NSC	СТМ	
Examinators Evaluation (S: Satisfactory or NS: Not Satisfactory)							
NAME OF EXAMINOR 1				SIGNATURE (EXAMINO	DR 1)		EVALUATION 1 (S OR NS)
NAME OF EXAMINOR 2				SIGNATURE (EXAMINO	NR 2)		EVALUATION 2 (S OR NS)
Will of Extinition 2				OIOIVITORE (EXCITATION			EVALUATION 2 (0 OK NO)
NAME OF EXAMINOR 3				SIGNATURE (EXAMINO	DR 3)		EVALUATION 3 (S OR NS)
NAME OF EXAMINOR 4				SIGNATURE (EXAMINO	NP 4)		EVALUATION 4 (S OR NS)
NAIVIE OF EXAMINOR 4				SIGNATURE (EXAMINA	JN 4)		EVALUATION 4 (5 OK No)
Comprehensive Exam Information							
						First attempt	Supplemental
EXAMINATION CODE	FINAL GRADE (S: SATISFA	CTORY OR NS: NO	T SATISFACTORY	EXAMINATION D	ATE (YYYY-MM-DD)		
Comments							
Next TAC Meeting Information:							
NEXT MEETING MUST I	BE HELD BY:			F	AILURE TO DO S	SO MAY RESULT IN AN NEXT REPORT.	UNSATISFACTORY
					NADE FUK THE	NEAT REPURT.	