



# St. Thomas University

School of Social Work, Fredericton NB CANADA E3B 5G3

## Report on Master's Comprehensive Examination

**This is to report that the student whose name appears below has completed the Master's Comprehensive Examination with the result indicated below.**

Student Name (LAST, First): \_\_\_\_\_

Student Number: \_\_\_\_\_

Result of Examination:

Pass \_\_\_\_ Fail \_\_\_\_

Please indicate if this was a First Attempt \_\_\_\_, Second Attempt \_\_\_\_.

Date student completed requirements: \_\_\_\_\_

(MM/DD/YYYY)

Committee of Examiners:

Name:

Signature:

Chair VP (Research): \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

Second Reader: \_\_\_\_\_

Director: \_\_\_\_\_ Date: \_\_\_\_\_