

Charles E. Schmidt
College of Science

Marine Science and
Oceanography Masters
Program



Date: _____

To: Dean, College of Science
Associate Dean, Graduate Studies

Through: _____ (Dr. Peter McCarthy, MSOC co-Director)

From: _____ (Graduate Student Committee Chair)

Re: _____ (Student's Name) _____ (Student's Z#)

Subject: Comprehensive Exam, MSOC Non-Thesis Option

Required course work is complete: Yes _____ No _____ Total credits earned _____

If "NO", please indicate required courses in progress: (use additional paper if needed)

For Committee Members Only: Please print your name and sign below indicating that the student has passed your portion of the Comprehensive Examination. A copy of the graded exam will need to be sent to the Chair of the Graduate Committee for review. Please keep hard copies of the exam on record for Graduate College or Departmental verification. As with other grades, documentation must be retained for a minimum of 5 years.

Committee Member: _____ Date: _____
Print Name Signature

Exam Subject: _____

Committee Member: _____ Date: _____
Print Name Signature

Exam Subject: _____

Committee Member: _____ Date: _____
Print Name Signature

Exam Subject: _____