-School:

-Program’s Department:

-Program:

-The comprehensive exam committee for the Master program:        Convened at the time:       day:       date:

And composed of the following members:

|  |  |  |
| --- | --- | --- |
| **Name in 3 parts** | **Employment Number** | **Signature** |
| 1- |  |  |
| 2- |  |  |
| 3- |  |  |
| 4- |  |  |
| 5- |  |  |
| 6- |  |  |

Recommends the approval of the comprehensive exam results for the following students:

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s name in 3 parts** | **Identification no.** | **Grade** | **Result** |
| 1- |  |  |  |
| 2- |  |  |  |
| 3- |  |  |  |
| 4- |  |  |  |
| 5- |  |  |  |
| 6- |  |  |  |
| 7- |  |  |  |
| 8- |  |  |  |
| 9- |  |  |  |
| 10- |  |  |  |
| 11- |  |  |  |
| 12- |  |  |  |
| 13- |  |  |  |
| 14- |  |  |  |
| 15- |  |  |  |

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| --- |
| **Recommendation of the Program’s Department: Graduate Studies Committee:** |

Approve Reject Session No.:

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department’s Graduate Studies Committee Chairperson’s signature: Date: / /

|  |
| --- |
| **Recommendation of the Program’s School : Graduate Studies Committee:** |

Approve  Reject Session No.:

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School’s Graduate Studies Committee Dean’s signature: Date: / /

|  |
| --- |
| **Dean of Graduate Studies Decision:** |

□ Approve □ Reject

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dean of Graduate Studies signature: Date: / /**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Note: The comprehensive exam results should, after being approved by both the Department and School Graduate Studies Committees be sent to the Deanship of Graduate Studies in a period not exceeding two weeks from the date upon when the exam convenes.*

Required Attached documents:

1. Students exam answer sheets
2. Exam questions with a detailed solution key

*Cc/School’s Graduate Studies Committee Chairperson.*

*Cc/Admission and Registration Dept.*

\*Article No. (48/D) in the MSc regulations in GJU.