

**NORTH CAROLINA CENTRAL UNIVERSITY  
 DURHAM, NORTH CAROLINA  
 GRADUATE PROGRAMS  
 RESULTS OF MASTER'S WRITTEN/COMPREHENSIVE EXAMINATION**

Student Name \_\_\_\_\_

Banner ID# \_\_\_\_\_ Email \_\_\_\_\_

Department \_\_\_\_\_ Date Taken \_\_\_\_\_

**COURSES OR GENERAL FIELDS: Grade**


**General Evaluation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Circle appropriate response below)

Student **has/has not** answered satisfactorily the required percentage of questions.

\_\_\_\_\_  
**Department Chair/Date**

**Approved:** \_\_\_\_\_  
**Dean of Graduate School/Date**