

**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