

Comprehensive Exam Form
for MCB MS students
Department of Environmental & Plant Biology

Student Name: _____

Comprehensive*: ___ passed ___ failed

Date: _____

Advisor Name: _____

Signature: _____

Examiner: _____

Signature: _____

Examiner: _____

Signature: _____

Examiner: _____

Signature: _____

* Please attach the written exam answers of the student.