

**FLORIDA STATE UNIVERSITY
COLLEGE OF EDUCATION, HEALTH, AND HUMAN SCIENCES
MASTER'S AND SPECIALIST
COMPREHENSIVE EXAM/PORTFOLIO DEFENSE RESULTS**

Form fields must be typed. Authenticated digital signatures required.

DEGREE: Master's _____ Specialist's _____ **TYPE:** Comprehensive Exam _____ Portfolio Defense _____

STUDENT NAME: _____ **EMPLID:** _____

Department/Program Name: _____ **Academic Plan/Major:** _____

Expected Term/Year of Graduation: _____

Exam Date: _____ **Format:** Written _____ Oral _____ **Both:** _____
Pass: _____ **Fail:** _____

(Co-)Major Professor/Chair (signature) **Print Name**
Pass: _____ **Fail:** _____

(Co-)Major Professor/Chair (signature) **Print Name**
Pass: _____ **Fail:** _____

Member (signature) **Print Name**
Pass: _____ **Fail:** _____

Member (signature) **Print Name**
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Member (signature) **Print Name**
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OASIS Staff Initial: _____ **Date Received in OASIS:** _____

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