

M.S. Plan B  
Department of Biology

Student: \_\_\_\_\_

Date: \_\_\_\_\_

**1. Comprehensive Examination**

Major Field: \_\_\_\_\_

Other Areas: \_\_\_\_\_

\_\_\_\_\_

Comprehensive  
Examination

Pass

Fail

|

Signature of Committee

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

**1. Committee Recommendation:** \_\_\_\_\_

\_\_\_\_\_  
Chair of Examining Committee

\*Two or more failure votes constitute failure on a portion of the exam