



COMPREHENSIVE EXAMINATION FORM

STUDENT NAME: _____

STUDENT ID #: _____

On _____, the student named above successfully passed the Comprehensive Examination for the degree Master of Music in _____.

Please sign below following the submission of a committee-approved final copy of the Comprehensive Examination responses. A *pdf* of the final approved copy must be emailed to the Director of the Setnor School of Music.

The Comprehensive Examination milestone will not be entered into Degree Works without receipt of both this completed form and the digital version of the final approved copy. Failure to complete this degree-required milestone will delay graduation.

FACULTY EXAMINING COMMITTEE:

Printed Name

Signature

Upon completion of the Comprehensive Exam corrections, please email a *pdf* of the final approved copy of the exam to Dr. John Warren (jfwarr01@syr.edu) and Dr. Timothy Diem (twdiem@syr.edu). Please return this completed form with all signatures to Bryan Watson, 301 Crouse College.

For Office Use Only:

One copy to file in 208 Crouse; One copy to VPA Office of Student Success in 200 Crouse