

REPORT ON COMPREHENSIVE EXAMINATION

Surname	Given names	Student no.
Program of studies		Academic Unit

Examiners		Evaluation
Name (block letters)	Signature (optional)	
1.		
2.		
3.		
4.		
Supervisor		

Examination Code : _____ Final grade : _____ (S : Satisfactory or NS : Not Satisfactory) Examination date : _____

First trial
 Supplemental

Comments

Approval :

Date

Signature (Professor in charge of graduate studies)

For use of Academic Unit

Session of registration ▶ Fall Winter Spring / Summer | 2 | 0 | | |

File update



Date

Signature