

# MASTER OF ARTS IN BIOETHICS

## REPORT OF COMPREHENSIVE EXAMINATION

### STUDENT INFORMATION

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

EXAMINATION DATE \_\_\_\_\_

PURSUING \_\_\_\_\_ FINAL PAPER \_\_\_\_\_ THESIS \_\_\_\_\_

### RECOMMENDATION

The committee recommends this student's comprehensive examination as follows:

Pass          Fail

If the vote of the committee is Fail, please explain:

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### EXAMINATION COMMITTEE APPROVAL

	Printed Name	Signature	Date
Committee Chair			
Member			
Member			
Member			
Member			

### PROGRAM APPROVAL

	Printed Name	Signature	Date
Program Director			

Submit completed form to the Graduate School

[gradschool@mcw.edu](mailto:gradschool@mcw.edu)