

MASTER OF MUSIC REPORT OF COMPREHENSIVE EXAM

STUDENT: _____

MAJOR AREA: _____

DATE AND TIME OF EXAM: _____

COMMITTEE MEMBERS

PASS/FAIL/CONDITIONAL

COMMENTS

ADVISOR SIGNATURE: _____

DATE: _____

This form should be submitted to Dr. Charlette Moe (charlette.moe@ndsu.edu.)
Please send a copy of this form to Jacoba Iverson (jacoba.iverson@ndsu.edu.)