



**Department of Communication
Successful Completion of Comprehensive Exams**

The undersigned verify that the Master candidate has successfully completed their Comprehensive Exams. Please return the completed and signed form to the Academic Program Specialist.

Full Name: _____ **USF ID#:** _____

Successfully Completed on: _____

Examining Committee

Major Professor: _____ **Date:** _____

Member: _____ **Date:** _____

Member: _____ **Date:** _____

Member: _____ **Date:** _____

Member: _____ **Date:** _____