MEMORANDUM

To: The Registrar
From: ETAP
Date: ____________

Subject: Comment to be Recorded on Graduate Student Transcript

The above-named student has attempted the **CAS Comprehensive Exam**.

Results of Examination: ____________________________  ____________
(Passed or Failed)  Date

[  ] Prior attempt to be deleted.

*Note: Only the latest examination result (pass or fail) is recorded on the student’s transcript. Previous failures are deleted.*

Signature of Chair of Examining Committee  ____________  Date

Signature of Department Chair  ____________  Date

Date Comment Recorded by Registrar: ________________