UNIVERSITY AT ALBANY
State University of New York

School of Education
Department of Educational Theory and Practice

MEMORANDUM

To: The Registrar Student Name: _____

From: ETAP Student ID Number _____

Date: _____ Degree Program: **CAS**

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: _____

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