

College of Graduate Studies

VERIFICATION OF MASTERS IN SOCIAL WORK

Comprehensive Written Exam

Requirements for P (Please check approp	rogram oriate box for program requiremen	nts)	
We, the Graduate Co	mmittee, hereby certify:		
Student Name:		Student ID: <u>A</u>	
Has successfully completed the following (please check all that apply):			
Required WriOral Compreh	tten Comprehensive Exam or ensive Exam		
Leading to the degree of: Major of:			
This certifies that the above candidate satisfactorily completed the above requirement as of			
			Date
Certified by Examining Committee			
MSW Department	Certified by Exami	ning Committee	
Coordinator	Name		
	Signature	Date	
Received by:	Dean, College of Graduate Studie	2S	
	Signature	Date	