

THE UNIVERSITY OF GEORGIA

College of Education

Department of Educational Psychology and Instructional Technology

REPORT OF FINAL EXAMINATION

MASTER OF EDUCATION

SPECIALIST IN EDUCATION

Date _____

TO: Graduate School, via Graduate Coordinator

NAME: _____

SOCIAL SECURITY NUMBER: _____

MAJOR: _____

The undersigned committee has today administered the comprehensive examination:

_____ Oral

_____ Written

We report that the above student:

_____ Passed with Distinction

_____ Passed

_____ Failed

SIGNATURES:

Advisor _____

Examiner _____

Examiner _____