



**THE CITY COLLEGE**  
**THE CITY UNIVERSITY OF NEW YORK**  
**NEW YORK, N.Y. 10031**

DEPARTMENT OF BIOLOGY

TEL: (212) 650-6800  
FAX: (212) 650-8585

**MASTER'S COMPREHENSIVE EXAMINATION**

*Mr./Mrs./Ms.* \_\_\_\_\_  
has successfully completed the written and oral part of the  
Master's Comprehensive Examination.

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|--|---------------|
| _____<br><i>Coordinator, Masters Examination</i> | _____<br>Date |
| _____<br><i>Committee Member</i>                 | _____<br>Date |
| _____<br><i>Committee Member</i>                 | _____<br>Date |
| _____<br><i>Committee Member</i>                 | _____<br>Date |
| _____<br><i>Coordinator of MA Program</i>        | _____<br>Date |