1701 North State Street, Campus Box 150436
Jackson, MS 39210-0001
Web: www.millsaps.edu/records
Email: records@millsaps.edu
Office: Academic Complex, Room 142
Phone: 601-974-1120
Fax: 601-974-1114

Comprehensive Exams - Grade Report Form

To: **Office of Records**

From: **Department Chair**

Below are comprehensive exam grades for students in _____ department, for _____ term of _____ year. Grades are reported as: **Excellent, Pass, or Fail.**

Name	ID Number	Grade	Major
		☐E ☐P ☐F	
		☐E ☐P ☐F	
		☐E ☐P ☐F	
		☐E ☐P ☐F	
		☐E ☐P ☐F	
		☐E ☐P ☐F	
		☐E ☐P ☐F	
		☐E ☐P ☐F	
		☐E ☐P ☐F	
		☐E ☐P ☐F	
		☐E ☐P ☐F	
		☐E ☐P ☐F	
		☐E ☐P ☐F	
		☐E ☐P ☐F	
		☐E ☐P ☐F	
		☐E ☐P ☐F	

_____ _____
Signature of Department Chair Date

This form must be turned in to the Office of Records by the faculty via in person, or scanned and emailed to the Office of Records via the faculty member's Millsaps email address.