



**Master of Science in Criminal Justice Program
Grand Valley State University**

APPROVAL OF COMPREHENSIVE EXAMINATION PART B COMMITTEE

The following faculty members agree to serve as a Part B Committee for:

Student Name _____

Date _____

Student Signature _____

Faculty Member Name _____

Date _____

Faculty Member Signature _____

Faculty Member Name _____

Date _____

Faculty Member Signature _____

Faculty Member Name _____

Date _____

Faculty Member Signature _____

Graduate Program Director Name _____

Date _____

Graduate Program Director Signature _____

** Note – This signed form will be placed in the student's file.*