TEXAS STATE UNIVERSITY-SAN MARCOS
GRADUATE COLLEGE
COMPREHENSIVE EXAMINATION REPORT
FOR MASTER’S DEGREE

Student’s Name________________________________ Student ID ______________________

Date of Examination____________________________ Date of Report____________________________

Major________________________________________ Minor_____________________________________

Examination:  (Circle one or both.) Oral or Written.

Grade: (Check one.) _____ 1) Passing

_____ 2) Failing

General nature of the examination (attach questions if written):

Committee Members:
(Please type names and departments)

________________________________________

________________________________________

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Signatures:

________________________________________

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Signed: ____________________________________

Department Chairperson

The original (ONLY ONE COPY) of this report must be submitted to the Office of the Graduate College no later than ten days before the date of anticipated graduation.