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

Student Name: ___________________________ Student ID: ___________________________

Date of Examination: ___________________________ Date of Report: ___________________________

Major: ___________________________ Minor: ___________________________

Examination: (Check one or both.)  □ Oral  or  □ Written

Grade: (Check one.)  □ Passing  □ Failing

Describe the general nature of the examination:

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Committee Members:
(Please list names and departments)

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Graduate Advisor signature (if required by graduate program)

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Department Chairperson signature

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.

08-16-2013