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)

Signatures:

_____ _____

_____ _____

_____ _____

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.