



TEXAS A&M INTERNATIONAL UNIVERSITY
A Member of The Texas A&M University System

Office of Graduate Studies & Research Comprehensive Examination Form

Date: _____

Student Name: _____ **University ID#:** _____

The graduate student named above completed the prescribed graduate comprehensive examination in the Master's/Doctoral (circle one) program, and results of the examination were evaluated by the student's Advisory Committee on the dates indicated below.

Check (✓) the appropriate box(es):

Written Examination

Date of Written Examination: _____

Pass **Fail**

Oral Examination

Date of Oral Examination: _____

Pass **Fail**

Sign and print name:

Committee Chair/Academic Advisor

Department Chair

Committee Member

College Dean

Committee Member

Graduate Dean

Committee Member