



GRADUATE SCHOOL

Comprehensive Examination Form

Student Name: _____ **TAMIU ID:** _____

College: _____ **Degree:** Master's Doctoral **Major:** _____

A comprehensive examination shall be passed by the candidate covering the major and minor fields, and each will be VALID FOR ONE YEAR. Exams will be given each long semester. A student who fails to pass one or more questions of the exam will be allowed one opportunity to repeat and pass the exam. Oral exams must be completed by mid-November or mid-April.

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

Check (✓) the appropriate box(es):

Semester: Fall Spring Summer **Year:** _____

Written Examination Pass Fail **Date of Written Examination:** _____

Oral Examination Pass Fail **Date of Oral Examination:** _____

Approval/Required Signatures:

Committee Chair

Department Chair

Committee Member

College Dean

Committee Member

Graduate School Dean

Committee Member

**Submit form with all required information, signatures, electronic approvals/emails/signatures to:
Graduate School | Senator Judith Zaffirini Student Success Center, Suite 223 | vmorales@tamiu.edu**