



# 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**