

**Texas State University-San Marcos
Graduate College**

Comprehensive Examination Report

Student's Name: _____ Student ID: _____

Date of Examination: _____ Date of Report: _____

Major: _____

Examination over Course Work:

(Circle one) PASSING FAILING

Oral and/or Written - Copies of the examination questions are on file within the department.

In case of failure, the student may consult the department chair regarding the appeal process.

Examining Committee Members:

(please print names and departments)

Signatures

Date

Ph.D. Program Director

Department Chair