



TEXAS A&M
UNIVERSITY
CENTRAL TEXAS

Graduate Comprehensive Exam Form

Office of Graduate Studies
Office of the Director
Texas A&M University Central Texas
Killeen, TX 76549

Student Name: _____ Student ID: _____

Degree: _____ Major: _____

Dear Office of Graduate Studies:

The graduate student name above completed the prescribed written oral comprehensive examination in the Master's degree program. The results of the examination were evaluated by the student's Advisory Committee on the dates indicated.

APPROVAL GRANTED: _____ NOT APPROVED: _____
(DATE) (DATE)

_____	_____
Committee Chair	
_____	_____
Committee Member	Date
_____	_____
Committee Member	Date
_____	_____
Graduate Studies	Date

Please Return to: Office of the Graduate Studies (254) 519-5419

(do not write below this line)

Received by initial and date: _____