



Department of Geography and Geoinformation Science
College of Science

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MASTERS EXAMINATION RESULT RECORDING FORM

Use this form to declare the MS comprehensive examination committee, to obtain necessary approvals, and to record the scopes of the examination. The examination will be administered by a 2-3-person committee, two of the members must be by fulltime GGS faculty (GGS/AOES faculty for ESS). The exam should be completed by the middle of the semester in which the student expects to graduate. The committee must be chaired by a GGS full-time faculty (GGS/AOES faculty for ESS). The committee must be approved by the GGS Graduate Coordinator or Department Chair.

MS-ESS

MS-GECA

MS-GEOINT

STUDENT NAME: _____

G Number: _____

GMU E-mail: _____

Exam Date: _____

Examination Results (to be reported by Committee Chair):

- 1) Failure -----
- 2) Conditional Pass -----
- 3) Pass -----

Comments on the responses to exam questions will be provided separately to the student. In the case of a conditional pass, the final approval by the Committee Chair should only be given when the conditions have been met.

Oral Presentation Date: _____ or Waived

Superior Good Fair

Select one for assessment purpose

Exam Committee Chair: _____ Date: _____
(SIGNATURE)

GGS Grad Coord/Dept Chair: _____ Date: _____
(SIGNATURE)

Return to the GGS Department Office for final approval and notification to COS and Registrar