



Department of Geography and Geoinformation Science  
College of Science

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**MASTERS COMPREHENSIVE EXAMINATION COMMITTEE 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.

Please check one: MS-ESS  MS-GECA  MS-GEOINT

STUDENT NAME: \_\_\_\_\_ G# \_\_\_\_\_

Telephone: \_\_\_\_\_ GMU E-mail: \_\_\_\_\_

**TOPICS COVERED IN YOUR COMPREHENSIVE EXAMINATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Scheduled or Tentative Exam Date:** \_\_\_\_\_

The undersigned committee has reviewed and agrees on the exam topics and the tentative date. The student should collect the committee signatures and submit the form to GGS department for approval and archiving.

**Exam Committee**

\_\_\_\_\_  
MEMBER & AFFILIATION (SIGNATURE)

\_\_\_\_\_  
MEMBER & AFFILIATION (SIGNATURE)

\_\_\_\_\_  
MEMBER & AFFILIATION (SIGNATURE)

\_\_\_\_\_  
COMMITTEE CHAIR & AFFILIATION (SIGNATURE)

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(SIGNATURE)

**GGS Grad Coord/Dept Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(SIGNATURE)