



Department of Geography and Geoinformation Science  
College of Science

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**MASTERS EXAMINATION RESULT RECORDING FORM**

Use this form to record the MS comprehensive examination results.

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

STUDENT NAME: \_\_\_\_\_

G Number: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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