

**Department of Geography and Geoinformation Science
College of Science**

4400 University Drive, MS 6C3, Fairfax, Virginia 22030

Phone: 703-993-1210, Fax: 703-993-9299



**COMPREHENSIVE EXAMINATION RECORDING FORM**





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 **MS-ESS MS-GECA**

Use this form to declare to examination committee, to obtain necessary approvals, and to record the results of the examination. The examination will be administered by a two-person departmental full time faculty committee for GECA or by a two to three person faculty committee, two of which must by fulltime GGS faculty, for ESS. The exam must be completed by the middle of the semester in which the student expects to graduate. The student can request a faculty member other than his/her original advisor to chair the examination. The committee must be approved by the Committee Chair, Degree Coordinator (GECA or ESS), and the GGS Graduate Coordinator or Department Chair.

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

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GMU E-mail:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* This Section to Be Completed BEFORE Exam \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Examination Committee**

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

MEMBER (SIGNATURE)

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

MEMBER (ESS ONLY - OPTIONAL) (SIGNATURE)

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

COMMITTEE CHAIR (SIGNATURE)

**Scheduled Date of the Examination: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Topics (ESS Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(SIGNATURE)

**Degree Coordinator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(SIGNATURE)

***Coordinator returns form to department office to be held in student’s file***

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*This Section to Be Completed AFTER Exam by Degree Coordinator\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Examination Results (to be reported by Committee Chair):**

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.

1) Failure --------------------------------------------------

2) Conditional Pass -------------------------------------

3) Pass -----------------------------------------------------


Superior Good Fair

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**Oral Presentation Scheduled Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Waived**

**Questions (not Answers) submitted (via email) to Degree Coordinator?**

**Final Approval by Degree Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(SIGNATURE)

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

**GGS Grad Coord/Dept Chair:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (SIGNATURE)