



Department of Geography and Geoinformation Science
College of Science

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COMPREHENSIVE EXAMINATION RECORDING FORM

Use this form to declare an examination committee, to obtain necessary approvals, and to record the results of the examination. MS GECA and GEOI committees will be comprised of two full-time GGS faculty. MS ESS committees will be comprised of two full-time GGS/AOES faculty. The third member is optional and could be any Mason Graduate faculty. The student can request a faculty member other than their original advisor to chair the examination. The committee must be approved by the Committee Chair and the GGS Graduate Coordinator or Department Chair.

Student Name: _____
G Number: _____
GMU E-mail: _____

Program (select one): [] MS ESS [] MS GECA [] MS GEOI

Section I: Complete BEFORE Exam

Examination Committee

COMMITTEE CHAIR (SIGNATURE)
MEMBER (SIGNATURE)
MEMBER (OPTIONAL) (SIGNATURE)

Scheduled Date of the Examination: _____
Topics (ESS Required): _____

Student: (SIGNATURE) Date: _____
Graduate Coordinator: (SIGNATURE) Date: _____

Section II: Complete AFTER Exam (Admin Use Only)

Examination Results (to be reported by Committee Chair):

- 1. Failure []
2. Conditional Pass []
3. Pass []
Superior [] Good [] Fair []

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 Scheduled Date: _____ or Waived []

Final approval:
Committee Chair: (SIGNATURE) Date: _____

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