



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

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 [checkbox] MS-GECA [checkbox] MS-GEOINT [checkbox]

STUDENT NAME: _____ G# _____

Telephone: _____ GMU E-mail: _____

TOPICS COVERED IN YOUR COMPREHENSIVE EXAMINATION

Four horizontal lines for writing exam topics.

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: _____ (SIGNATURE) Date: _____

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