



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