

Comprehensive Written &/or Oral Examination & Advancement to Candidacy Report

Please Select a Program:

Student's Name [Type]: _____ Banner ID: _____

Student's Signature: _____ Date: _____

Date of Examination: _____

[Check one]

PASS

FAIL

Copies of the examination questions are on file within the department. _____

Department Chair [Signature]

Type Name

Date

Complete this form. Email to gradcollege@tamucc.edu to be routed for signatures. Form should be submitted no later than two weeks after the completion of the exam in order to be processed for advancement to candidacy. Final approval will be granted when all requirements have been met. Contact CGS with questions 361.825.2174.

For CGS Use Only:

____ Dean, CGS (initials only)	_____ Date reviewed
____ Candidacy letter sent (initials only)	_____ Date sent
____ Copy sent to College & Dept Chair (initials only)	_____ Date sent
____ Data entered on spreadsheet (initials only)	_____ Date entered
____ Informed Academic Advisor	_____ Date

**03/2018
Form B-COE**