TEXAS A&M UNIVERSITY CORPUS CHRISTI | COLLEGE OF GRADUATE STUDIES

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

Please Select a Program:

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Student's Signature: _____ Date: _____

Date of Examination: _____

[Check one]

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

Graduate Advisory Committee Chair [Signature]	Type Name	Date
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Graduate Advisory Committee Member [Signature]	Type Name	Date
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Doctoral Program Coordinator [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**

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_____ Informed Academic Advisor

Form B-S&E
03/2018