

UTSA

College of Architecture, Construction, and Planning

Department of Architecture, University of Texas at San Antonio
Master of Science in Architecture Degree
COMPREHENSIVE EXAMINATION COMPLETION

Student's Name _____ I.D. # @ _____
Last First Middle

Program Catalog _____ Concentration (if any) _____
Year

The Comprehensive Examination was administered during the _____ semester.

Date Completed _____

This is to certify that _____
Student's Name

_____ has successfully passed the Comprehensive Examination for Master of Science in Architecture.

_____ has failed to pass the Comprehensive Examination for Master of Science in Architecture.

_____ must pursue the following action as pertains to Master of Science in Architecture.

Action: _____

Attach a memo stating the detailed results for incompleteness of the exam

The following approval signatures are required in sequence:

Thesis Chair _____ Date _____
Print Name Sign

Member _____ Date _____
Print Name Sign

Member _____ Date _____
Print Name Sign

G.A.R. _____ Date _____
Print Name Sign