

Report of DMA Comprehensive Examination

TCU School of Music-College of Fine Arts

Last First Middle

TCU ID#: _____

TO THE REGISTRAR: The above listed student has taken the comprehensive examination for the DMA in _____ (major)

Date of Written Exam: _____ Date of Oral _____ Pass: yes ____ no ____

Signatures:

Committee Chair Date
Printed Name: _____

Committee Member Date
Printed Name: _____

Committee Member Date
Printed Name: _____

Committee Member Date
Printed Name: _____

Committee Member Date
Printed Name: _____

* * * * *

Director, School of Music Date

cc: Registrar
Graduate Office

School of Music
Student

Instructions: The Committee Chair will bring this form to the Oral Exam and return it completed and signed to the CFA Graduate office.