

# 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:* \_\_\_\_\_

\* \* \* \* \*

\_\_\_\_\_  
Associate Dean/College of Fine Arts 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.