

# Comprehensive Examination Questions DGS Approval Form

University at Buffalo

Department of Global Gender and Sexuality Studies

Note: The student CANNOT see the questions, this must be submitted by a committee member.

**Student Name:**

**Program:**

We, the undersigned Comprehensive Examination Committee for the above named student developed the questions below for the written portion of the exam.

**Date of oral exam:**

(After the written exam is approved the student must schedule the oral exam in consultation with their committee within two weeks.)

**Major Professor (First Reader):**

**Field:**

**Question #1:**

**Print/Sign Name:**

**Date:**

**Second Reader:**

**Field:**

**Question #2:**

**Print/Sign Name:**

**Date:**

**Third Reader:**

**Field:**

**Question #3:**

**Print/Sign Name:**

**Date:**

**Approval by the Director of Graduate Studies:**

**Print/Sign Name:**

**Date:**