

Comprehensive Examination Results

University at Buffalo
Department of Global Gender and Sexuality Studies

Student Name:

Three fields covered by the comprehensive examination:

- 1.
- 2.
- 3.

Oral Examination Date:

(Note: If the student failed, please attach a 1-page explanation.)

Comprehensive Examination Committee

Major Professor (First Reader):

Pass/Fail:

Print Name:

Sign Name:

Date:

Second Reader:

Pass/Fail:

Print Name:

Sign Name:

Date:

Third Reader:

Pass/Fail:

Print Name:

Sign Name:

Date:

Approval by the Director of Graduate Studies:

Print Name:

Sign Name:

Date: