Department of Transnational Studies

COMPREHENSIVE EXAMINATION QUESTIONS - DGS APPROVAL FORM

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 2 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: ____________________________