

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: _____