

Department of Transnational Studies

COMPREHENSIVE EXAMINATION RESULTS

Student Name: _____

Fields

Three fields covered by the Comprehensive Examination:

- 1. _____
- 2. _____
- 3. _____

Oral Examination

Date on which student passed/failed the oral examination. _____
(NOTE: If student failed, please attach a 1 page explanation.)

Comprehensive Examination Committee

Major Professor (First Reader):

Print Name: _____ Pass/Fail: _____

Sign Name: _____ Date: _____

Second Reader:

Print Name: _____ Pass/Fail: _____

Sign Name: _____ Date: _____

Third Reader:

Print Name: _____ Pass/Fail: _____

Sign Name: _____ Date: _____

Approval by the Department of Transnational Studies Director of Graduate Studies:

Print Name: _____

Sign Name: _____ Date: _____