

DEPARTMENT OF WOMEN'S, GENDER, AND SEXUALITY STUDIES

PHD PROGRAM

APPENDIX IV: COMPREHENSIVE EXAMINATION COMPLETION FORM

Student's Name _____ ID# _____

Advisor's Name _____

Committee Members

WRITTEN EXAMINATIONS

1. _____ Date _____

Area/Title; Pass, Partial Pass or Fail

2. _____ Date _____

Area/Title; Pass, Partial Pass or Fail

ORAL EXAMINATION

_____ Date _____

Pass or Fail

Advisor's Signature

_____ Date _____