

**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

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WRITTEN EXAMINATIONS

1. 

Area / Title	<i>Pass/Partial Pass/Fail</i>	Date
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2. 

Area / Title	<i>Pass/Partial Pass/Fail</i>	Date
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ORAL EXAMINATION

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*Pass or Fail* \_\_\_\_\_ Date \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_