

Report of Comprehensive Examination

College of Humanities and Social Sciences

Department: _____ Test Type (Oral-Written): _____

Student Name: _____ SSN: _____

Areas (If applicable)	Marks
1) _____	_____
2) _____	_____
3) _____	_____

Date Exam Administered: _____

Is a re-examination necessary? _____ If so, please list what areas must be re-administered and the date the exam is to be re-administered:

Examination Committee

Printed Name	Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Graduate Advisor

Date

Chair

Date

Dean, College of Humanities and Social Sciences

Date