

# Report of Comprehensive Examination

College of Humanities and Social Sciences

4-12-05

Department: \_\_\_\_\_ Test Type (Oral-Written): \_\_\_\_\_

Student Name: \_\_\_\_\_ SamID: \_\_\_\_\_

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