Department of English
Comprehensive Examination
RECORD OF *ORAL* DEFENSE OF
WRITTEN COMPREHENSIVE EXAMINATION

Date of Satisfactory Completion:

Candidate's Name:

Title of Major Field:

Title of Critical Problem:

(Attach a copy of the Comprehensive Examination questions, which served as the basis for the oral examination.)

RESULT OF ORAL EXAMINATION

EXAMINER (S)	PASSED/FAILED
1. _____ *Chairperson* *Date*	_____
2. _____ *Date*	_____
3. _____ *Date*	_____
4. _____ *Date*	_____

_____

Associate Chairperson of Graduate Studies *Date*