Department of English

Comprehensive Examination

**Record of *Written Comprehensive Examination***

# Candidate’s Name:

Title of Major Field:

Title of Critical Problem Area:

Area of Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Satisfactory Completion:

Members of Exam Committee: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Chairperson*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Is student enrolled? Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Associate Chair of Graduate Studies*

\*Note: *Student must be enrolled.*

**DURING THE REGULAR ACADEMIC YEAR EXAMINATION THIS FORM MUST BE TURNED IN NO LATER THAN TWO WEEKS AFTER THE CANDIDATE HAS COMPLETED THE EXAMINATION. STUDENT SHOULD BE INFORMED OF RESULTS WITHIN FOUR DAYS OF COMMITTEE RECEIVING THE WRITTEN EXAM.**