

Written and Oral Comprehensive Examination (CE) CE Evaluation

1. Student Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ E-mail _____

Program Track (Gen MA, IR/Comp, PubPol) _____

Student ID _____ Date of Oral Defense: _____

2. Comprehensive Examination Committee Information

1. Name _____ (Chair)

Exam Field _____

Telephone _____ e-mail _____

2. Name _____

Exam Field _____

Telephone _____ e-mail _____

3. Name _____

Exam Field _____

Telephone _____ e-mail _____

3. Results

Faculty I (Chair) – PASS WITH DISTINCTION ___ PASS ___ NO PASS ___

Signature _____ Date _____

Comments:

Faculty II – PASS WITH DISTINCTION ___ PASS ___ NO PASS ___

Signature _____ Date _____

Comments:

For Department Use Only:

Received by:
Date: