

**REPORT ON COMPREHENSIVE EXAMINATION FOR THE MASTER OF ARTS DEGREE (PLAN II)**

When you have satisfied all the course requirements and advanced to candidacy, your knowledge and skills for the M.A. degree are tested by: 1). The completion of a written seminar study paper or 2). An oral exam. The Comprehensive Examination must be supervised by at least two professors. The completed report form should be filed in the Student Academic Services Office, Ü [ { ÁCFÉÁGFGFÁÓ\| \ ^ ^ Á æ .

**NAME** \_\_\_\_\_

**PERMANENT ADDRESS** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PROGRAM** \_\_\_\_\_ **FACULTY 5 8 J-GCF** \_\_\_\_\_

**EMAIL** \_\_\_\_\_ **ÁG-8** \_\_\_\_\_

**COMPREHENSIVE EXAMINATION ADMINISTERED BY (signatures required):**

\_\_\_\_\_  
(Signature of First Reader or Examiner)

\_\_\_\_\_  
(Signature of Second Reader of Examiner)

\_\_\_\_\_  
(Print Name of First Reader or Examiner)

\_\_\_\_\_  
(Print Name of 2<sup>nd</sup> Reader or Examiner: Give Affiliation if not GSE)

**1. WRITTEN SEMINAR STUDY PAPER:**

Title of Paper \_\_\_\_\_

Date \_\_\_\_\_ Passed \_\_\_\_\_ Not Passed \_\_\_\_\_

**2. ORAL EXAMINATION:**

Date \_\_\_\_\_ Passed \_\_\_\_\_ Not Passed \_\_\_\_\_

**APPROVALS:**

Faculty Advisor \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

Head Graduate Advisor \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS FORM TO STUDENT ACADEMIC SERVICES, ROOM 2210, 2121 BERKELEY WAY**