

**Qualifying Field Exam toward the
Ph.D. in Comparative Literature
Exam 2**

Date of Submission:	Name of Student:
Field:	Area of Concentration:
Committee Members:	
Chair's Name:	Pass No Pass
Department:	
Email:	Signature: _____
Comments:	
Name:	Pass No Pass
Department:	
Email:	Signature: _____
Comments:	
Name:	Pass No Pass
Department:	
Email:	Signature: _____
Comments:	

Please send the Staff Graduate Program Advisor an electronic copy of your exam for your file.