

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

Date of Exam:	Name of Student:				
Field:	Area of Concentration:				
Committee Members:					
Chair's Name: Department: Email:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">High Pass</td> <td style="width: 50%;">Pass</td> </tr> <tr> <td>Pass with Revisions*</td> <td>No Pass</td> </tr> </table> Signature: _____	High Pass	Pass	Pass with Revisions*	No Pass
High Pass	Pass				
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Comments:					
Name: Department: Email:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">High Pass</td> <td style="width: 50%;">Pass</td> </tr> <tr> <td>Pass with Revisions*</td> <td>No Pass</td> </tr> </table> Signature: _____	High Pass	Pass	Pass with Revisions*	No Pass
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High Pass	Pass				
Pass with Revisions*	No Pass				
Comments:					

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

*In the case that pass with revisions is chosen, the student will have _____ days to submit revisions to the Committee Chair. The Committee Chair will contact the Staff Graduate Program Advisor to confirm that acceptable revisions have been submitted.