



DU/ILIFF JOINT PH.D. PROGRAM IN THE STUDY OF RELIGION
WRITTEN COMPREHENSIVE EXAMINATION REPORT

Student _____

Concentration _____

Advisory Committee _____

Title of Exam _____

Primary Examining Faculty _____

2nd Faculty Examiner _____

RESULTS OF EXAM (check one): [] Pass [] Fail

Comments:

Primary Examining Faculty's Signature _____ Date _____

2nd Examining Faculty's Signature _____ Date _____

EXAMINING FACULTY: Please sign this form, attach a copy of the examination question(s) and the completed exam, and forward it to the 2nd examiner. Please then forward it to the student's advisor.

Advisor's Signature _____ Date _____

ADVISOR: Please sign this form and submit it with the copy of the examination question(s) and the original exam to the Joint Ph.D. Office.