MICHIGAN STATE UNIVERSITY

RECORD OF COMPREHENSIVE EXAMINATIONS for

DOCTORAL DEGREE AND EDUCATIONAL SPECIALIST DEGREE CANDIDATES

☐ Check if this is a re-examination because of expired time limits

Department of History

Student Name **Student Number**

First Term in Program

Result of Written Comprehensive Examinations:

Field	Examiner	Signature	Date	Pass/Fail

Result of Oral Comprehensive Examinations:

Field	Examiner	Signature	Date	Pass/Fail

OVERALL PASS or FAIL?

Signed

Chairperson of Examination Committee *Date*

Signed

Chairperson of Department *Date*

Signed

Dean of College *Date*