

**INTERNATIONAL EDUCATION POLICY  
PH.D. COMPREHENSIVE EXAM**

**ORAL EXAMINATION DATE** \_\_\_\_\_

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_

UID Number \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Phone No. \_\_\_\_\_  
*Home Work*

Program \_\_\_\_\_ Advisor \_\_\_\_\_

<b>Name of Committee Member</b>	<b>Pass</b>	<b>Fail</b>	<b>Signatures</b>

**Comprehensive Examination Grade:**      Pass                   Fail

**ADVISOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_