



Northeastern University

College of Social Sciences and Humanities

COMPREHENSIVE EXAM RESULTS

Student Information:

_____ Name: _____

NUID: _____ Department: _____

Date Entered Program: _____ Exam Date: _____

Exam Time: _____ Exam Room: _____

SH Required for Degree: _____ SH Completed for PhD: _____

Current Mailing Address: _____

Graduate Office

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360 Huntington Ave.
Boston, MA 02115

617.373.5990

617.373.7281

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Comprehensive Exam Committee Members:

Chair/First Reader

Name: _____ NUID: _____

Signature: _____ Pass: _____ Fail: _____

Second Reader

Name: _____

Signature: _____ Pass: _____ Fail: _____

Third Reader:

Name: _____

Signature: _____ Pass: _____ Fail: _____

Dissertation Committee Member Names, if different: _____

Department Chair Signature: _____ Date: _____

Please return to academic department office immediately once candidacy is finalized.

_____ Copy scanned and emailed to Graduate Office

_____ Original in student file in department

_____ Electronic departmental records updated