



# 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: \_\_\_\_\_

\_\_\_\_\_

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 180 Renaissance Park  
 360 Huntington Ave.  
 Boston, MA 02115  
 617.373.5990  
 617.373.7281  
[gradcssh@neu.edu](mailto:gradcssh@neu.edu)  
[www.northeastern.edu/cssh/graduate](http://www.northeastern.edu/cssh/graduate)

#### 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 passed. The student should also send a copy of each completed exam to the Graduate Program Coordinator.**

- \_\_\_\_\_ Copy scanned and emailed to Graduate Office
- \_\_\_\_\_ Original in student file in department
- \_\_\_\_\_ Electronic departmental records updated