Hartford International
UNIVERSITY FOR RELIGION & PEACE

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Comprehensive Examination Approval Form

Student name:_____

Major Exam #1:_____Proposed Date:_____

Major Exam #2:_____Proposed Date:_____

Minor Exam #1:_____Proposed Date:_____

Minor Exam #2:_____Proposed Date:_____

Advisor

Name:_____

Academic Rank_____ School_____

Specific expertise related to student's research:_____

_____

First Examiner

Name:_____

Academic Rank_____ School_____

Specific expertise related to student's research:_____

_____

Second Examiner

Name:_____

Academic Rank_____ School_____

Specific expertise related to student's research:_____

_____

_____ _____

Director of the PhD program Date