DEPARTMENT OF MIDDLE EASTERN AND ISLAMIC STUDIES
NEW YORK UNIVERSITY
COMPREHENSIVE EXAM REPORT FORM

Student’s Name

Student’s ID Number

Joint Program (if applicable)

Date of written exam

Exam field

Date of oral exam (if applicable)

Examination grade (please circle one)

<table>
<thead>
<tr>
<th>HIGH PASS</th>
<th>PASS</th>
<th>FAIL</th>
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</thead>
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First examiner’s signature

Second examiner’s signature

First examiner’s name

Second examiner’s name

Date signed

Date signed

DGS signature/date

Send to: Office of Registrar Degree Audit, 726 Broadway, 8th Floor, New York, NY 10003
<table>
<thead>
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<th>Criteria/Condition</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
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<td>Oral Examination</td>
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<td>Questions and Offered</td>
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Please use the grid below for ratings and comments. One form should be filled out by each examiner.

Name of Examiner: ____________________________  Date: ______________

Student Name: ____________________________  Qualifyif Examinations, Department of Middle Eastern and Islamic Studies

Assessment Rubric