

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)

HIGH PASS

PASS

FAIL

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

Assessment rubric
Qualifying Examinations, Department of Middle Eastern and Islamic Studies

Student Name: _____ Date: _____
 Name of examiner: _____

Please use the grid below for ratings and comments. One form should be filled out by each examiner.

Assessment criterion	Unsatisfactory	Satisfactory	Very Good	Excellent
Responded directly and specifically to the questions posed				
Produced clear and well-structured essays				
Demonstrated familiarity with the existing scholarship in the field				
Could distinguish and explain different approaches and methodologies				
Used relevant terminology and concepts appropriately and accurately				
Offered cogent and persuasive original analysis/critique				

Oral Examination	Unsatisfactory	Satisfactory	Very Good	Excellent
Was able to respond promptly and fluently				
Understood critiques of written answers and offered cogent clarifications/emendations				