

Department of Comparative Religion
Graduate Portfolio Completion Form

Student Name: _____

Syllabi	Results (circle one)	high pass	pass	low pass	fail
Research Paper	Results (circle one)	high pass	pass	low pass	fail
Research Proposal	Results (circle one)	high pass	pass	low pass	fail
CV	Results (circle one)	high pass	pass	low pass	fail
Oral Exam	Results (circle one)	high pass	pass	low pass	fail
Overall Score	Results (circle one)	high pass	pass	low pass	fail

Examiner's Name _____

Signature _____

Date _____

Examiner's Name _____

Signature _____

Date _____

Examiner's name _____

Signature _____

Date _____

Chair Review

Printed Name _____

Signature _____

Date _____

Date Sent to Graduate

Auditor _____