

UNIVERSITY of **HOUSTON**  
COLLEGE of LIBERAL ARTS & SOCIAL SCIENCES  
Department of Hispanic Studies

**MA Comprehensive Exam Approval Form**

Student Name: \_\_\_\_\_ UH ID: \_\_\_\_\_

Student Email: \_\_\_\_\_

**Committee Members**

\_\_\_\_\_  
Printed name Signature

\_\_\_\_\_  
Printed name Signature

\_\_\_\_\_  
Printed name Signature

\_\_\_\_\_  
Printed name Signature

*Date of oral exam:* \_\_\_\_\_ *Pass: Yes/No*

*Notes:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Director of Graduate Studies:** \_\_\_\_\_ **Date:** \_\_\_\_\_