

**Kuwait University**  
**College of Graduate Studies**



**Comprehensive Examination Committee**

**Program Director**

Program:

College:

Examination Date:

Exam Venue:

**Exam Candidate**

	Student ID	Student Name	Attempt		Remarks
			1 <sup>st</sup>	2 <sup>nd</sup>	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

**Proposed Examination Committee**

	Full name	ID	Academic rank	Department/College	Signature
1.					
2.					
3.					
4.					

Signature & Stamp of Program Director:

Date:

Signature & Stamp of Area Committee Chairperson:

Date:

**College of Graduate Studies**

Approved

Not approved

Remarks:

Signature & Stamp of CGS Dean:

Date:

**Remark:** The student must take the comprehensive examination before completing 18 credit hours.