Faculty of Arts

DEPARTMENT OF POLITICAL SCIENCE

PH.D. PROGRAM QUESTIONNAIRE
FOR WRITTEN COMPREHENSIVE EXAMS

I. NAME:  ____________________________________________

2. TELEPHONE NUMBER:  ____________________________

3. EMAIL ADDRESS:  ________________________________

4. MAJOR FIELD #1:  _______________________________ (FOR WRITTEN AND ORAL)

5. MAJOR FIELD #2:  _______________________________ (FOR WRITTEN AND ORAL)

6. Areas of CONCENTRATION (sub-fields) within the MAJOR Fields:

(Check Handbook for full requirements of each Field. Below are listed only those elements where choices are required.)

A) CANADIAN

(i) One major sub-field: Mastery of the literature

_________________________________________________________

(ii) Two minor sub-fields: Competence in the literature

_________________________________________________________

_________________________________________________________

B) COMPARATIVE

Regional Expertise: Choose two: Latin America; Africa; West Europe; East Europe and the former Soviet Union; the European Union; the United States and Canada; the Middle East; East Asia; South Asia; Southeast Asia; and/or another region as approved by the subfield.

_________________________________________________________

_________________________________________________________

C) INTERNATIONAL RELATIONS - No Options

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D) POLITICAL THEORY - No Options

7. I HAVE PREPARED, OR AM PREPARING, IN THE FOLLOWING WAY FOR EACH OF MY TWO MAJOR FIELDS:

(List courses taken, reading courses with substance and instructor specified)

MAJOR FIELD #1

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

MAJOR FIELD #2

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

8. DATE OF QUESTIONNAIRE COMPLETION: ______________________________

9. DATE OF INTENDED EXAMINATIONS:

Field #1 Date: ___________________

Field #2 Date: ___________________

10. SIGNATURE OF FIELD COORDINATORS:

Major Field #1 _____________________________________________________________

Name (Please Print) Date Signature

Major Field #2 _____________________________________________________________

Name (Please Print) Date Signature

PLEASE RETURN THIS FORM TO THE GRADUATE COORDINATOR

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