

George Mason University
School of Public Policy
Field Examination Grade

Student's Name: _____ Date: _____

I have read and graded this student's field examination.

Name	Signature	Grade (Circle One)	Date
Chair _____	_____	Pass / Fail	_____
Member _____	_____	Pass / Fail	_____
Member _____	_____	Pass / Fail	_____
Member _____	_____	Pass / Fail	_____
Member _____	_____	Pass / Fail	_____

I have received a copy of the field examination for the student named above.

Assistant Director,
Ph.D. Student Services _____

Please return this form to SPP Ph.D. Student Services, Founders Hall 5th Floor, MS 3B1.

SPP Ph.D. Form 4