



ThM Comprehensive Exam

Master of Theology Comprehensive Exam

This is to certify that _____ has successfully passed his/her comprehensive exam which was completed in partial fulfillment of the requirements for the degree of Master of Theology in the Divinity School of Duke University.

Faculty Advisor Name: _____

Faculty Advisor Signature: _____ Date: _____

ThM Director Name: _____

ThM Director Signature: _____ Date: _____

Please return this form, along with the exam, to the Office of Academic Formation and Programs (108 Gray)