

This application is due to the Ph.D. Program Coordinator at least TWO WEEKS prior to the comprehensive exam date. Student and advisor will receive confirmation of approval.

Incomplete or incorrectly completed forms will be returned to student and advisor and will not be processed.

* * * Please type or print clearly * * *

I. APPLICATION FOR DOCTORAL COMPREHENSIVE EXAMINATION AND REQUEST FOR APPOINTMENT OF EXAMINING COMMITTEE

STUDENT'S NAME: _____ Student ID#: _____

PhD Program: _____

Date(s) or extended time period over which examination is to be conducted: _____

Anticipated date by which results will be reported: _____

Format to be used: Written Oral Written and Oral Other (Please describe): _____

Student's Signature: _____

Date signed: _____

II. SUPERVISORY/ EXAMINING COMMITTEE

_____	_____	_____
Chair/Advisor name	Signature	Date

_____	_____	_____
Committee member name	Signature	Date

_____	_____	_____
Committee member name	Signature	Date

_____	_____	_____
Committee member name	Signature	Date

_____	_____	_____
Committee member name	Signature	Date

III. Certification of eligibility to take the comprehensive examination:

- | | | |
|--------------------------|---|---------------------------------|
| <input type="checkbox"/> | Full admission to the Ph.D. study | Date criterion satisfied |
| <input type="checkbox"/> | Ph.D. Plan of Study approved | _____ |
| <input type="checkbox"/> | The coursework and GPA requirements satisfied | _____ |
| <input type="checkbox"/> | Student has not previously taken Comprehensive Examination | |
| | OR | |
| <input type="checkbox"/> | Student has taken Comprehensive Examination previously, with at least 12 weeks between the examinations | |

IV. PROGRAM APPROVAL: By copy of this form, the faculty members named above are notified of their appointment to the Examining Committee. The advisor is responsible for contacting the committee members, making arrangements for the examination, and reporting the results to the PhD Program Coordinator.

Ph.D. Program Coordinator's Signature: _____

Date approved: _____