Written and Oral Comprehensive Examination (CE)
Exam Content and Committee Composition Agreement

1. Student Information
Name ____________________________________________________________
Address ___________________________________________________________________
City ______________________ State __________ Zip Code ________________
Telephone ______________________ E-mail ______________________________
Student ID ______________________ Semester/Year CE will be taken: ______________

2. Comprehensive Examination Committee Information

1. Name ____________________________________________________________ (Chair)
   Telephone ______________________ e-mail ______________________________
   Field __________________________________________________________________
   Essay ______ Closed-Book Exam ______ Open-Book Exam ______
   Have seen and approved an appropriate bibliography?  Yes / No
   Other agreements on format or structure ________________________________
   __________________________________________________________________
   Signature: ____________________________ Date: ____________

2. Name ____________________________________________________________
   Telephone ______________________ e-mail ______________________________
   Field __________________________________________________________________
   Closed-Book Exam ______ Open-Book Exam ______
   Have seen and approved an appropriate bibliography?  Yes / No
   Other agreements on format or structure ________________________________
   __________________________________________________________________
   Signature: ____________________________ Date: ____________

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3. **Name** ____________________________________________________________
   Telephone __________________ e-mail ________________________________
   Field______________________________________________________________
   Closed-Book Exam _____       Open-Book Exam _____
   Have seen and approved an appropriate bibliography?  Yes / No
   Other agreements on format or structure ____________________________
   ___________________________________________________________________
   Signature: ________________________________ Date:____________________

3. **Semester and Year of proposed Comprehensive Examination:**
   Fall    Spring    20___________

4. **Graduate Adviser approval:**
   Signature: ________________________________ Date:____________________

   **Graduate Adviser and Committee Chair only:**
   Dates for Exams: ________________________________
   Date for Oral Defense: ________________________________

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