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:________________________
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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