

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: _____