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. 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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