

**UNIVERSITY OF TENNESSEE  
SCHOOL OF MUSIC  
RECOMMENDED ARRANGEMENTS FOR FINAL EXAMINATION**

*Please return this form to the Graduate Secretary two weeks prior to your comprehensive exam date.*

*Attach a photocopy of your Admission to Candidacy form with stamped approval by the Graduate School to this document.*

Term Graduating: \_\_\_\_\_

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Comprehensive Written Exam Date: \_\_\_\_\_

Oral Exam Date: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Thesis: Yes \_\_\_\_\_ No \_\_\_\_\_

Thesis title: \_\_\_\_\_

\_\_\_\_\_