

RECOMMENDED ARRANGEMENTS FOR FINAL EXAMINATION

PLEASE RETURN THIS FORM TO THE GRADUATE SECRETARY
TWO WEEKS PRIOR TO YOUR COMPREHENSIVE EXAM DATE

A photocopy of your Admission to Candidacy form with stamped approval by the Graduate School MUST be attached to this document.

Name

Term Graduating

Student ID#

Street Address

Phone Number

City, State, Zip Code

Comprehensive Written Exam Date

Oral Exam Date

Chairperson

Committee Member

Committee Member

Committee Member

Committee Member

Thesis Program: _____ Yes _____ No

Thesis Title