

RECOMMENDED ARRANGEMENTS FOR FINAL EXAMINATION

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

**A copy of the email from the Graduate School approving
Candidacy MUST be attached to this document.**

Name

Term Graduating

Student Number

Street Address

Email

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