Comprehensive Examination (CE) Agreement Form

Complete this form and submit it with a copy of approved reading list to the Graduate Advisor in order to be advanced to candidacy.

A. Student Information

Name ________________________________________  Student ID ______________________
E-mail ______________________________________  Phone __________________________
Comp Exam Area ____________________________________________________________

B. Comprehensive Examination Committee Information

1. Chair (Print Name)___________________________________________________________

   E-mail ______________________________________  Phone __________________________

   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. 2nd Member (Print Name)____________________________________________________

   E-mail ______________________________________  Phone __________________________

   Essay _____  Closed-Book Exam _____  Open-Book Exam _____

   Have seen and approved an appropriate bibliography?  Yes / No

   Other agreements on format or structure _______________________________________

   Signature _____________________________  Date _________________________________

C. Semester and Year of proposed Comprehensive Examination

   Fall     Spring     20_______

   Dates for Exams (if known) __________________________

D. Graduate Adviser

Signature _____________________________  Date: _________________________________