

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: _____