



Request to Schedule Written Comprehensive Examination for Doctoral Students:

Student Name: _____

Address: _____
Number and Street City State Zip

Phone: _____
Home Work

Date: _____

Degree: _____

Major: _____

Exam Date Requested: _____

If the student is doing a take-home exam a memo giving all details must be attached to this form.
(Information needed: date, time, etc.)

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As a member of the comprehensive exam committee for the above-named student, I have agreed to the date noted above.

Major Committee:
(Student to type or neatly print names)

Initials
Committee to initial approval)

(Major committee chair)

In Order to facilitate scheduling the exam, this request form must be received in the main office of AIS.
(Harvill 218) **at least three weeks prior to the exam date.** If you need special physical arrangements for
your exam, please let the department know well in advance.