



Request for Doctoral Comprehensive Examination

INSTRUCTIONS: Submit this request to the Graduate College, 205 Gilmore Hall, at least two weeks before the exam. The Doctoral Plan of Study Summary Sheet should be included with the request unless an approved Plan of Study is already on file with the Graduate College.

Last Name	First Name	Student Number
Program	Degree Major	Degree Objective PhD DMA
Approved Subtrack (if any)		
Session Comps Will be Taken (Term/Year)	Date of Comp Exam	

Programs should notify each committee member of the date, time, and place of the exam. **The signed Report of Doctoral Comprehensive Examination is due in the Graduate College within 14 days of the completion of the exam.**

Examining Committee

The following examining committee is recommended (not fewer than five graduate faculty members):

Name and Academic Rank	Program
Chair:	

Approved: _____ Date: _____
DEO/DGS

After obtaining departmental signature, send completed form to the Graduate College, 205 Gilmore Hall.

Report of Doctoral Comprehensive Examination

INSTRUCTIONS: The Report of Doctoral Comprehensive Examination is due in the Graduate College, 205 Gilmore Hall, within 14 days of the completion of the exam. Each committee member should personally sign his/her name or initials. Two **unsatisfactory** votes make the report unsatisfactory. If an examination is cancelled or postponed, please indicate this on the report and return it to the Graduate College. Please keep a copy of this report for your records.

Last Name, First Name

Student Number

Degree Major

PhD DMA
Degree Objective

Committee Member	Satisfactory	Reservations *	Unsatisfactory
Chair:			

First Failure _____ Second Failure _____

* If **reservations** are imposed, the program should forward to the Graduate College a copy of the letter sent to the student specifying reservations to be met and a **deadline** for removal. Reservations will be removed from the student's record only upon receipt of a supplemental report or letter.

Date of Examination: _____

Approved: _____ Date: _____
 DEO/DGS