

SCHEDULE DOCTORAL COMPREHENSIVE EXAMINATIONS

You must be registered for the semester during which the examination is scheduled (including summers).

Student Name _____

Student Number _____

Adviser Name _____

**(written) Doctoral
Comprehensive
Examination**

Question 1 date: _____

Question 2 date: _____

Question 3 date: _____

Question 4 date: _____

**With arrangements for
questions to be picked
up and returned as
follows**

**(oral) Doctoral
Comprehensive
Examination**

Date _____

Time _____

Location _____

Has your committee changed or remained the same? Be sure to complete the committee form.



Return to Graduate Administrative Assistant in 302 Walker Building.