Appendix 9

Request to Schedule Comprehensive Examinations

Attach this request to the Bibliography and submit to the Graduate Secretary

To: Dr. __________________________ Graduate Review Committee                          Date: ___________________

From: Dr. __________________________ Guidance Committee Chair

Re: Comprehensive Examinations for ____________________________________ PID ____________________

(Student’s Name)

The Guidance Committee for the above named student requests that the student’s Comprehensive Examinations be scheduled. This student has no deferred grades outstanding, all required coursework is completed, the attached student’s bibliography has been approved by the Guidance Committee, and the student has a completed GRADPLAN.

Areas of Concentration: First Reader  Second Reader

1. ____________________________________________ __________________________
2. ____________________________________________ __________________________

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First Day ____________________________________________ __________________________

Second Day ____________________________________________ __________________________

Comments: __________________________________________________________________________

Date, Time and Room of Oral Exam: _______________________________________________________

(The comprehensive exams must not be scheduled sooner than ten business days after the turn-in date to allow for GCPC approvals)

APPROVED: Guidance Committee (Please list your current your ranking by indicating the number from the bottom of page.)

_____________________________, Chair _______ Anthropology _______ Date

Dr. __________________________, Member _______ Anthropology _______ Date

Dr. __________________________, Member _______ Anthropology _______ Date

Dr. __________________________, Member _______ Anthropology _______ Date

Dr. __________________________, Member _______ Anthropology _______ Date

_____________________________, Member _______ ___________________ ________

Dr. __________________________, Member _______ ___________________ ________

Dr. __________________________, Member _______ ___________________ ________

Dr. __________________________, Member _______ ___________________ ________

APPROVED: _______ Yes ________ No ________________________ Chair, Graduate Curriculum and Programs Committee Date

If disapproved, reason(s) for disapproval:

Committee Ranking Choices: 1=Professor, 2=Associate Professor, 3=Assistant Professor, 4=Approved Academic Specialist