

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.	_____	_____	_____

	Topic	Date/Time	Duration	Format
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 _____
 Dr. Ranking Department Date

_____, Member _____ Anthropology _____
 Dr. Ranking Department Date

_____, Member _____ Anthropology _____
 Dr. Ranking Department Date

_____, Member _____ _____
 Dr. Ranking Department Date

_____, Member _____ _____
 Dr. Ranking Department Date

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