Request to Schedule Comprehensive Examinations

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

Date ______________

To: Dr. ___________________ Graduate Review Committee

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 Report of the Guidance Committee has been completed in 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: _______________________________________

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

Dr. ____________________________ Chair ____________________________ Anthropology ____________ ____________

Dr. ____________________________ Member ____________________________ Anthropology ____________ ____________

Dr. ____________________________ Member ____________________________ Anthropology ____________ ____________

Dr. ____________________________ Member ____________________________ Anthropology ____________ ____________

Dr. ____________________________ Member ____________________________ Anthropology ____________ ____________

APPROVED: ______ Yes ______ No ____________________________ ____________________________ Date

If disapproved, reason(s) for disapproval:

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