Request to Schedule Comprehensive Examinations
Attach this request to the Bibliography and submit to the Graduate Secretary

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 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 _________

Dr. Ranking Department Date

__________________________________________, Member _______ Anthropology _________

Dr. Ranking Department Date

__________________________________________, Member _______ Anthropology _________

Dr. Ranking Department Date

__________________________________________, Member _______ Anthropology _________

Dr. Ranking Department Date

__________________________________________, Member _______ Anthropology _________

Dr. Ranking Department Date

__________________________________________, Member _______ Anthropology _________

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