

Request to Schedule Comprehensive Examinations

Attach this request to the Bibliography and submit to the Graduate Program Coordinator

To: Dr. _____, Graduate Review Committee Date: _____

From: Dr. _____, Guidance Committee Chair & Dr. _____, Co-Chair

Re: Comprehensive Examinations for _____ NetID _____
(Student's Name)

The Guidance Committee for the above named student requests that the student's Comprehensive Examinations be scheduled. Please confirm the following:

This student has no deferred grades outstanding.

All required coursework is completed.

The attached student's bibliography has been approved by the Guidance Committee.

All required RECRs are completed (Year 1, Year 2, and Discussion-Based Training).

The student has a completed GradPlan.

	Areas of Concentration	First Reader	Second Reader	Date/Time	Duration	Format
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____

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
Check if Co-Chair

_____, 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: