

Completion of Comprehensive Oral Exam for Doctorate

Pre-approval must be granted at least two weeks prior to the completion of the comprehensive oral exam.



Department: _____ School: _____

Student Name: _____ Student ID: _____

Current Plan: _____ Admit Term: _____

International Student: Yes No *If Yes, the School/College must provide copy to International Student & Scholar Services (ISSS)*

Research Skills and Residency

Research skills met: Yes No Research Skill or course(s) in: _____

Residency requirement met by: _____

Residency requirement met: _____ (semester/year)

Comprehensive Exam

Date of Exam: _____ Time: _____ Location: _____

Exam Committee Members:

	<u>Name</u>	<u>Status</u>	<u>Email Address</u>
(Chair)	_____		
(2)	_____		
(3)	_____		
(4)	_____		
(Outside Member)	_____		

Pre-approval

Department Chairperson or Director of Graduate Studies

Pre-approval Yes No Pre-approval signature _____

School/College

Pre-approval Yes No Pre-approval signature _____

Exam Approval

Committee Chairperson Signature: _____ Date: _____

Outside Member Signature: _____ Date: _____

Exam Passed Yes No Passed Exam with: Honors (If applicable) Satisfactory

Final Approval for Degree: This student has met all the requirements for this degree.

School/College Approval

Signature: _____ Date: _____

Progress to Degree Forms

Routing of form: Department → School/College → [Registrar](#) (all students) 864-4423
+ [Graduate Studies](#) (all students) 864-8040
+ [ISSS \(if International student\)](#) 864-3617