

**Doctoral Comprehensive Examination Topic and Advisory Committee Form**

**Student Information**

First Name:

Last Name:

NSHE ID:

Rebelmail:

Phone:

Admit year & term:

Sub-plan:  Post-Bachelor's  Post-Master's

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**Comprehensive Examination Topic**

Committee Approved Topic:

\*Email committee approved (1) reading list, (2) draft manuscript outline, and (3) tentative timeline for draft manuscript submissions and defense date to the Graduate Coordinator, along with a scanned copy of this completed form.

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**Committee Composition**

Refer to the Doctoral Comprehensive Examination Policy and Process guidelines for selecting a Comprehensive Examination Committee. Print the names of the committee members on the left and have the committee members sign on the right.

\_\_\_\_\_  
Comprehensive Exam Committee Chair

\_\_\_\_\_  
Comprehensive Exam Committee Chair Signature Date

\_\_\_\_\_  
Comprehensive Exam Committee Member

\_\_\_\_\_  
Comprehensive Exam Committee Member Signature Date

\_\_\_\_\_  
Comprehensive Exam Committee Member

\_\_\_\_\_  
Comprehensive Exam Committee Member Signature Date

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**Student Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Additional Required Approval Signatures**

\_\_\_\_\_  
Graduate Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date