STUDENT INFORMATION

First Name: ___________________________  Last Name: ___________________________

NSHE ID: ___________________________  Sub-plan: (circle one) Post-Bachelor’s / Post-Master’s

Rebelmail: ___________________________  Phone: ___________________________

Admit year & term: ___________________________

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.

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 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

STUDENT SIGNATURE

SIGNATURE  DATE

ADDITIONAL REQUIRED APPROVAL SIGNATURES

GRADUATE COORDINATOR  DATE  DEPARTMENT CHAIR  DATE

Approved April 18, 2018