

Notification of Scheduled Comprehensive Examination for the D.M.A. Degree

- •The student scheduling the examination has an approved Plan of Study on file at the Graduate School
- •The student must be enrolled during the semester of the examination
- •The Request to Schedule must be received in the Graduate School at least two weeks before the examination.

Failure to meet the above mentioned conditions may result in this form being returned to the student's department without approval of the Graduate School.

Student:	Student ID:			
1) Date/Time/Place of written examination:	Date/Time	Building		Room
2) Date/Time/Place of oral examination:	Date/Time	Building		Room
Thesis/Dissertation/Paper Title:		-		
The following are members of the examining committee:				
<u>Name</u>	<u>Department</u>			
Committee Chair				
Approval				
Adviser Signature	Graduat	e Program Coordinator Signature		
Academic Support Specialist Review	Grad	luate School De	an	