REQUEST TO SCHEDULE
WRITTEN COMPREHENSIVE EXAMINATIONS FOR THE Ph.D. DEGREE

TO: DEAN, GRADUATE SCHOOL

_____
DEPARTMENT/DEGREE PROGRAM

FROM: _____ _____
MAJOR PROFESSOR **DATE**

VIA: _____ _____
DEPT CHAIR/PROG DIR **DATE**

In accordance with department/program procedures and Section 7.57 of the Graduate Student Manual, permission is requested to schedule the written portion of the PhD Comprehensive Examination for:

_____ **on** _____
Candidate's Name **Date**

Candidate's Program Committee	Dept/Degree Program	Faculty Endorsement	Date

After completion of the examination, the results will be transmitted to the Graduate School Office along with a request to schedule the oral portion of the examination within four weeks of the written examination and specifying a particular time, date and location that are acceptable to the candidate and the whole examining committee. The following additional graduate faculty members (one from the student's program and one from other programs) are proposed for the Oral Examining Committee. They have indicated their willingness to serve and general availability during this period.

NAME	DEPT/DEGREE PROGRAM