

URI - RIC PH.D. IN EDUCATION PROGRAM

Request to Schedule Written Comprehensive Examinations for the Ph.D. Degree

To: the Graduate Dean - URI

Date: _____

From: _____
(Major Professor)

VIA: _____
(Program Co-Director - URI)

(Program Co-Director - RIC)

In accordance with department/program procedures and Section 7.57 of the URI Graduate School Manual, permission is requested to schedule the written portion of the Ph.D. Comprehensive examination for:

_____ on _____
Candidate's Name Date

Candidate's Social Security Number

Committee Members:	Dept./Program	Faculty Endorsement	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

After completion of the examination, the results will be transmitted to the URI 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 member from outside the Ph.D. in Education Program Faculty is proposed for the Oral Examination Committee. He/she has indicated his/her willingness to serve and general availability during this period.

Name	Dept./Program	Faculty Endorsement	Date
_____	_____	_____	_____

cc: Registrar's Office - RIC
Associate Dean for Graduate Programs, FSEHD - RIC
Director, URI School of Education
Dean, FSEHD - RIC