

Application to Take Doctoral Comprehensive Examination  
(Due to GPC during the first week of the semester of exam)

Student Name: \_\_\_\_\_ ID No: \_\_\_\_\_

I intend to take the Doctoral Comprehensive Examination this semester. I am in my second year of doctoral studies.

\_\_\_\_\_  
(Student Signature) (Date)

Contact Information: e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

<u>Committee Members (type or print)</u>	<u>Signature</u>
_____	_____ Advisor
_____	_____ Dept. Member
_____	_____ Dept. Member
_____	_____ Dept. Member
_____	_____ Outside Member
_____	_____ Additional Member
_____	_____ GPC Representative

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GPC Approval \_\_\_\_\_  
(GPC Committee Signature) (Date)