I. APPLICATION FOR INTERDISCIPLINARY DOCTORAL COMPREHENSIVE EXAMINATION AND REQUEST FOR APPOINTMENT OF EXAMINING COMMITTEE

STUDENT'S NAME: ___________________________ Student ID#: ______________________

Primary Unit Discipline: ___________________________ Co-Discipline(s): ___________________________

Date(s) or extended time period over which examination is to be conducted: ______________________________________

Anticipated date by which results will be reported: _______________________________________________________

Format to be used: ☐ Written ☐ Oral ☐ Written and Oral ☐ Other (Please describe): ________________________________

Discipline-specific regulations:
☐ All discipline-specific regulations are covered by the standard comprehensive examination regulations.
☐ In addition to the standard comprehensive examination regulations, the following discipline-specific regulations will be in effect for this examination: (Please describe here any special discipline-specific requirements that apply to this examination, such as the need to pass a departmental examination at a certain level before taking the committee-administered portion of the examination, etc.):

Certification of eligibility to take comprehensive examination:
☐ Full admission to Ph.D. study (level 8) Date criterion satisfied _______________________
☐ Research adviser and supervisory committee appointed _______________________
☐ Interdisciplinary Ph.D. Plan of Study filed and approved _______________________
☐ Essentially all course work or other study required for degree completed _______________________

Course work remaining:
☐ Student has not previously taken Comprehensive Examination
☐ Student has taken Comprehensive Examination previously, and at least 12 weeks will have elapsed between administrations of the examination

Request for Examining Committee:
Supervisory Committee Members:
Name _____________________________________________, Discipline _________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

In addition to the Supervisory Committee listed above, the Chair requests that the following persons also be appointed to the Examining Committee by the Dean of the School of Graduate Studies:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Student's Signature: ___________________________ Date signed: ___________________________

Research Adviser's Signature: ___________________________ Date signed: ___________________________

II. APPROVAL: The student named above has satisfied the eligibility criteria for administration of the Doctoral Comprehensive Examination and this application is approved as submitted. By copy of this form, the faculty members named above are notified of their appointment to the Examining Committee. The Research Adviser is responsible for contacting the committee members, making arrangements for the examination, and reporting the results to the School of Graduate Studies office.

Dean of the School of Graduate Studies: ___________________________ Date approved: ________________