

Comprehensive Examination Oral Defense Committee Approval Form (C1)

Completed form due to the doctoral coordinator by announced deadlines

Date of Submission: _____

Date (month/year) of intended comprehensive examination: _____

Student Name: _____

Student Signature: _____

Signatures below indicate the faculty members' willingness to serve on this comprehensive examination oral defense committee, but the committee structure is subject to approval by the doctoral coordinator and department chairperson. Students will be notified by the doctoral coordinator of the need for any revisions to this committee structure. Student is also required to list the date that they plan to start taking dissertation credits and how many they plan to take. It is not required to take credits during the summer. Students must register prior to the last class of the preceding academic semester to avoid a late fee.

Committee Chair _____ Signature _____

Committee Member _____ Signature _____

Committee Member _____ Signature _____

Committee Member _____ Signature _____

Each committee must consist of at least three members, a fourth is optional.

Doctoral Coordinator _____ Date _____

Please indicate the date (semester/year) that you anticipate taking dissertation credits for the first time keeping in mind that your dissertation committee must be approved prior to your registration: _____