

### Written Comprehensive Examination Proposal Meeting

Name of Candidate: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Title for Paper (for written paper option):

OR

Examination Content Area (for written questions option):

The undersigned have accepted the written comprehensive examination plan outlined about and agree to serve as members of the comprehensive committee. Four members are required, a fifth member is optional.

_____ Chairperson (Print Name)	_____ Signature	_____ Date
_____ Member (Print Name)	_____ Signature	_____ Date
_____ Member (Print Name)	_____ Signature	_____ Date
_____ Minor Chairperson (Print Name)	_____ Signature	_____ Date
_____ Member (Print Name)	_____ Signature	_____ Date

Please return this form to Graduate Coordinator when it is completed.