College of Education

Language, Reading & Culture

Request to Schedule Written Comprehensive Examination

Date:_____

Student Name:_____

Adress:_____
Number and Street **City** **State** **Zip**

Phone:_____/_____
Home **Work**

Email:_____

Degree:_____

Major:_____ Minor:_____

Exam Dates Requested: Major:_____

Minor:_____

If the student is doing a take-home exam and/or a computer exam, a memo giving all details must be attached to this form. (Information needed: place, date, time, proctor.)

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As a member of the comprehensive exam committee for the above-named student, I have agreed to the dates noted above.

Major Committee: (Student to type or neatly print names)	Office Bldg., Room # (Student to complete)	Initials (Committee to initial approval)
_____ (major committee chair)	_____	_____
_____	_____	_____
_____	_____	_____

Minor Committee: (Student to type or neatly print names)	Office Bldg., Room # (Student to complete)	Initials (Committee to initial approval)
_____ (minor committee chair)	_____	_____
_____	_____	_____

In order to facilitate scheduling the exam, this request form must be received by the TLS Graduate Coordinator (Room 702) **at least three weeks prior to the exam date.** If you need special physical arrangements for your exam, please let the department know well in advance.