

## Comprehensive Exam Committee Form

**Name:**

**Field Title:**

**Committee Member:**

**Field Title:**

**Committee Member:**

**Field Title:**

**Committee Member:**

**Field Title:**

**Committee Member:**

**Required Signatures:**

Student: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Director of Graduate Studies: \_\_\_\_\_