

THE GRADUATE SCHOOL
THE UNIVERSITY OF TEXAS AT ARLINGTON
REQUEST FOR THE COMPREHENSIVE EXAMINATION
*This request must be submitted to the MAE advising office no later than
two weeks before the proposed examination date.*

This is to report that _____
(Last Name) (First) (UT-Arlington ID)

Address: _____
(Street) (Apt)

(City) (State) (Zip Code)

a candidate for the doctoral degree in _____

Has completed all or most of the formal course work as required by the Committee on Graduate Studies, and to request a(n)
_____ comprehensive examination on
(oral and/or written)

_____ in _____ at _____
(month) (day) (year) (room) (building) (hour)

Name (typed)	Signature	Date (mm/dd/yy)
_____	_____	_____
Committee Chairman		
_____	_____	_____
Committee Member		
_____	_____	_____
Committee Member		
_____	_____	_____
Committee Member		
_____	_____	_____
Committee Member		
_____	_____	_____
Graduate Advisor		