

Form C
Instructions for Request for Comprehensive Exam

Note: This is a fillable form that eliminates the need to print-out and write-in your answers. You can simply fill-out the form electronically, and then print-out the results. This fillable capability however does not allow you to save the information that you have electronically filled-in.

This form must be completed and submitted to the Graduate Program Coordinator ***at least two weeks*** before the proposed examination date.

1. Complete and obtain signatures from
 - a. Committee Chairperson
 - b. All Committee Members
 - c. Graduate Advisor

2. Submit completed form with original signatures to the Graduate Program Coordinator.

Reminder: Make sure you retain a copy for your records. You must print the document and bring it to the Graduate Program Coordinator.

THE GRADUATE SCHOOL
THE UNIVERSITY OF TEXAS AT ARLINGTON

REQUEST FOR THE COMPREHENSIVE EXAMINATION

This request must be submitted to the Graduate Program Coordinator no later than two weeks before the proposed examination date.

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

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

The original copy must be submitted to the Graduate Program Coordinator