

Comprehensive Exam Scheduling Form

Name of Student: _____

Date: _____

Program Chair: _____

Co-Chair (if one): _____

Committee Members: _____

Foundations/Curriculum and Instruction

Writer of question(s) for this area: _____

Second Reader: _____

Format for Questions: (check one) _____ Take home _____ Sit-down

Date(s):

Focus Study

Writer of question(s) for this area: _____

Second Reader: _____

Format for Questions: (check one) _____ Take home _____ Sit-down

Date(s):

Research

Writer of question(s) for this area: _____

Second Reader: _____

Format for Questions: (check one) _____ Take home _____ Sit-down

Date(s):

List the Overarching Question:

Tentative Date of Oral Defense: _____

Signatures

Student: _____

Chair: _____

C & I Program Chair: _____ Date: _____

CC: Student File