

**Doctoral Comprehensive Examination Intent Form**

This form must be completed by the student and approved by the Committee Chair and Reader one month before the comp exam is to be taken. \* *Note: You will not be allowed to defend your dissertation proposal until both comp exams have been taken and passed.*

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

Submission Date: \_\_\_\_\_

Exam Date: \_\_\_\_\_

EXAM # \_\_\_\_\_ Field: \_\_\_\_\_  
(1<sup>st</sup> or 2<sup>nd</sup>)

Committee Chair: \_\_\_\_\_  
(Approval, Chair Signature)

Reader: \_\_\_\_\_  
(Approval, Reader Signature)

*\*DGS approval is required for exams not covered under the current exam list, or those requiring special permission*  
\_\_\_\_\_  
(DGS Approval, if required)

**EXAM RESULTS**

Pass: \_\_\_\_\_ Pass w/Distinction: \_\_\_\_\_ Fail: \_\_\_\_\_

\_\_\_\_\_  
(Signature, Committee Chair)

\_\_\_\_\_  
(Signature, Reader)