

Comprehensive Exam Committee Declaration Form

When you and your advisor have decided on the committee for your comprehensive exam, please fill out this form to the director of the Ph.D. program via email and copy all committee members listed on this form. This form should typically be completed one semester before the semester you intend to take your comprehensive exams.

Student Name: _____ **UM ID:** _____

Projected Semester of Exam (month and year): _____

Proposed Area I: _____

Proposed Area II: _____

Proposed Area III (if applicable): _____

Comprehensive Exam Committee

Examination committees typically consist of at least three to five members from SUAPP-related departments. Any faculty members added to comprehensive committees from academic units outside of SUAPP must be approved in advance by the director of the Ph.D. program. Please identify the chair of the committee in the last column.

Faculty Name	Faculty Academic Unit	Faculty Signature	Chair (checkmark)

Date submitted: _____