

Plan II – Comprehensive Exam Committee

Submit this form to the IAD Graduate Program Coordinator, preferably at the time you advance to candidacy, but no later than two months prior to Comprehensive Exam.

Candidate's Name _____
Please print

Master's Comprehensive Exam Committee Members

All of the committee members must attend the exam and sign the exam report, including any optional 4th member, if listed here.

Name (first, middle initial, last)	Academic Title (Associate Professor, Professor, Specialist, etc.)	Home Department
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Chair:

Member:

Member:

(Optional) 4th Committee Member:

APPROVALS:

Chair of Comp Exam Committee (print name)

(signature and date)

Graduate Adviser (print name)

(signature and date)