



Application for Ph.D. Proposal Defense

Date: _____ Student ID: _____

Last Name: _____ First Name: _____

Advisor: _____ Department: _____

Term and Year of Admission: _____

I request permission to schedule my Ph.D. Comprehensive Exam as follows:

- a) Dissertation Proposal has been or will be submitted to Committee on _____ (date).
- b) Request to take Written Examination (if required) on Disciplinary topic on _____ (date).
- c) Request to take Oral Examination on _____ (date),
_____ (time), _____ (location).
Candidate is responsible for scheduling the room with appropriate group.

Notes:

- 1) Proposal (a) must be scheduled at least 30 days prior to submission of Exams (b) and (c).
- 2) Permission to take Comprehensive Exam will be granted only if Advisory Committee has been formed (COE-PHD-05).
- 3) Abstract must be submitted to the Graduate Programs Office 30 days prior to scheduled defense.

Approvals:

Ph.D. Advisor

Date

Moderator (assigned by advisor)

Date