

Comprehensive Examination Oral Defense Committee Approval Form (C1)

Completed form due to the doctoral coordinator by announced deadlines

Date of Submission: _____

Date (month/year) of intended comprehensive examination: _____

Student Name: _____

Student Signature: _____

Signatures below indicate the faculty members' willingness to serve on this comprehensive examination oral defense committee, but the committee structure is subject to approval by the doctoral coordinator and department ch