

**COMPREHENSIVE
EXAM (PROPOSAL
PRESENTATION)
SCHEDULING FORM**

DATE: _____

STUDENT: _____ (Student Name) _____ (ID #)

DISSERTATION TITLE: _____

DATE OF COMPREHENSIVE EXAM/PROPOSAL PRESENTATION: _____

LOCATION OF COMPREHENSIVE EXAM/PROPOSAL PRESENTATION: _____

As Dissertation Chair, I certify that the aforementioned student has submitted their proposal as PI for potential funding to the following funding agency on the date listed below:

FUNDING AGENCY: _____

Date of Submission: _____

If the student has not submitted their proposal for potential funding or was not listed as PI, please leave the above section blank and use the back of this form to explain the reason why the requirement has not been met.

SIGNATURE: _____
Dissertation Committee Chair, BE Department

The student listed above is approved to present their dissertation proposal on the requested date.

Signature of ISSTBE PhD Program Director

Date

INSTRUCTIONS: Student sends completed form to ISSTBE PhD Program Directors at least 2 weeks prior to date of comprehensive exam. Dissertation Committee Chair and student must retain a copy of this form.