

## COMPREHENSIVE EXAM DECLARATION FORM

**STUDENT NAME** \_\_\_\_\_ **DEPARTMENT** \_\_\_\_\_  
**STUDENT ID** \_\_\_\_\_ **PROGRAM** \_\_\_\_\_  
**EMAIL** \_\_\_\_\_ **EXAM** \_\_\_\_\_

**DESCRIPTION OF EXAMINATION FORMAT** *A brief description of how the exam will be structured*

### TENTATIVE EXAMINATION READERS

Faculty Name	Faculty Department
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

**INFORMATION FOR EXAM READER (OPTIONAL)** *A brief description for the student to prepare for the exam and how it will be graded.*

_____ Student	_____ Signature	_____ Date
_____ Primary Faculty Advisor	_____ Signature	_____ Date
_____ Department Chair	_____ Signature	_____ Date
_____ Assist. Dean of Grad. Studies	_____ Signature	_____ Date