



**DOCTORAL WRITTEN PRELIMINARY (COMPREHENSIVE)
EXAM PRE-ADMINISTRATION APPROVAL FORM**

Name: _____

Degree: _____

Instrument: _____

Exam Date: _____

Advisory Committee Signatures

Date

Committee Chair: _____

Member: _____

Member: _____

Member: _____

This form must accompany the written exam as it will be administered to the student, and must be submitted to the Graduate Student Services Associate no later than two weeks prior to the start date of the written exam.