

## MM Performance - Keyboard Area COMPREHENSIVE EXAMINATION REQUEST

Name:	Date:
Degree:	Major:
semesters) and submit designee) <u>at least TWC</u> semester of your exam	dicate the requested date below (preferably during fall or spring this form to the Director of Graduate Studies in your Department (or 2 months in advance of the exam date. If you plan to graduate in the , the written portion may not be scheduled after October 15 (for or after March 15 (for May graduation).
b) Comple	n after: al of conditions or provisions attached to admission. etion of 75% of the course work approved in the Plan of Study. any foreign language/research skills requirement.
	ESTED WRITTEN EXAM DATE:  AM TIME: 8:30am - 12:30pm □ 12:30pm - 4:30pm
REC	QUESTED ORAL EXAM DATE:
Committee Chair Sign	ature:
Print Name:	
Committee Member:	
Print Name:	
Committee Member:	
Print Name:	
	For Office Use Only
Date request receiv	redDate committee notified
Date exam due from committee Date evals due	