

## MM Composition COMPREHENSIVE EXAM REQUEST and THESIS COMMITTEE APPROVAL

Name:	Date:
Degree:	Major:
semesters) and submit t designee) <u>at least TWO</u>	cate the requested date below (preferably during fall or spring his form to the Director of Graduate Studies in your Department (or months in advance of the exam date. If you plan to graduate in the it may not be scheduled after October 15 (for December graduation) or graduation).
b) Completi	after: of conditions or provisions attached to admission. ion of 75% of the course work approved in the Plan of Study. ny foreign language/research skills requirement.
REQUESTED WRITTEN EXAM DATE	
Tentative Thesis Title:	
— Advisory Committee	
Committee Chair Signat	ture:
Print Name: _	
Committee Member: _	
Print Name: _	
Committee Member: _	
Print Name: _	
For Office Use Only	
Date request received	dDate committee notified

\_ Date evals due\_

Date exam due from committee\_\_\_