

MM Performance - String Area COMPREHENSIVE EXAM REQUEST

_____ Date: _____

Degree:	Major:
semesters) and submit designee) at least TWO request exam dates the se	dicate the requested date below (preferably during fall or spring this form to the Director of Graduate Studies in your Department (or D months in advance of the exam date. It is highly preferable that the student temester before the recital takes place. If you plan to graduate in the semester to be scheduled after November 15 (for December graduation) or after function).
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.
RECITAL DATE:	
You will be contacted with the due dates for your Recital Program Notes.	
REQUESTED 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