

## MM Performance - Woodwind Area COMPREHENSIVE EXAM REQUEST

Name:	Date:
Degree:	Major:
semesters) and submit this form to the designee) at least TWO months in adv	sted date below (preferably during fall or spring Director of Graduate Studies in your Department (or ance of the exam date. If you plan to graduate in the scheduled after October 15 (for December graduation) or
b) Completion of 75% of the	
Written Fyam with Oral Fyam -	Written Date:, Oral Date:
Oral exam should occur no sooner	than 10 business days following the written exam.
	Exam - Requested Lecture Date:
Thesis - Requested Thesis Defens	se Date:
Committee Chair Signature:	
Print Name:	
Committee Member:	
Print Name:	<del></del>
Committee Member:	
Print Name:	
	For Office Use Only
Data assessed as 1.	
•	Date committee notified
Date exam due from committee	Date evals due