

# ORAL COMPREHENSIVE EXAM SCHEDULING

## NEW EXAM METHOD

You will use this form to schedule your Oral Comprehensive Exam after your committee has been approved by the Associate Dean, and after you have successfully completed the Written Comprehensive Exam (Written Report). Your exam committee must approve your request to schedule the Oral Comprehensive Exam. Enter each faculty member's name under the appropriate member area below and collect all required signatures. Return this form to the Academic Programs office (room 403) as soon as possible.

### COMPLETE SECTION BELOW

Student Full Name (Last, First, Middle Initial)

Student ID#

E-Mail Address

### STUDENT RESEARCH CORE AREA Check One

 Image Science Optical Engineering Optical Physics Photonics

### FACULTY MEMBERS

1st Member (Faculty Research Advisor)

Professor's Signature

2nd Member (2nd Committee Member)

Professor's Signature

3rd Member (Core Area 2)

Professor's Signature

4th Member (Core Area 3)

Professor's Signature

### EXAM DATE

Day of the Week

Month

Date

Year

 :

Start Time

 A.M.  P.M.

Student Signature

Date

