Comprehensive Exam Proposal

Student name: _____________________________________________  Student ID: ________________

Address: ______________________________________________________________________________________

Email: ______________________ Phone: _____________________________

Term of expected graduation: ____________________________________________

Committee Members:
• The first faculty member listed below is the chair of the committee.
• Two of the below have taught elective courses you have taken. The material in these two courses are what your Elective Comprehensive Exam covers.
• At least one of the two courses must be a 6000-level elective.
• If any committee members deviate from these requirements, please attach a note outlining the circumstances as to why.

1. (chair) __________________________ Signature:________________________

2. _______________________________ Signature:________________________

3. _______________________________ Signature:________________________

Comprehensive Exam Information:

Date/Time of Algebra exam:______________________

Date/Time of Analysis exam:________________________

Date/Time of Elective exam:________________________

Please attach a document that outlines the parameters of your Elective Comprehensive Exam. This should include (1) the courses and instructors of the elective courses your exam covers, the term you took each course and your course grade, (2) a brief outline of the content of these courses, and (3) the parameters of your Elective Comprehensive exam. Your signature below and the signatures above indicate an agreement to these parameters, and to the date and time of your comprehensive exams.

➢ Remember to enroll in 6900, 6918, 6916, and 6981 in your final semester.

Student Signature: ____________________________ Date: __________________________