

**Graduate Student Information Update and/or
Notification of Intent to Take Comprehensive or MS/PhD Exams**

Student _____ University ID Number _____

Degree sought: [] M.S. [] Ph.D.

Research Advisor _____

Expected graduation date semester and year (MS or PhD): _____

---- **For students scheduling exams this semester**-----

Will all course requirements be met by end of current semester? [] yes [] no

If not: semester hours now completed: _____ yet to be taken: _____

Plan to take: [] exam for MS; [] exam for PhD

Committee Members: (three required for M.S.; five for Ph.D. or comprehensive exam)

(1) _____ (Chair) (2) _____

(3) _____ (4)* _____

(5)* _____ (*PhD candidate only)

University/Department of outside member: _____

Proposed date of the oral examination if know (if not yet scheduled, please indicated the planned month, but let me know at least 3 weeks before exam date):

_____ (weekday) _____ (date) _____ (time)

Candidate's signature

Date

/

Advisor's signature

Date