

PhD Comprehensive Exam with MS Degree
(Please fill out and return to Cyerra in Rm. 202 VAN)

Name: _____ **Univ ID:** _____

Degree sought: [] M.S. with thesis [] M.S. without thesis [] PhD

Advisor _____

Expected semester of M.S. graduation/PhD Comprehensive Exam: _____

Thesis Title (if M.S. with thesis) _____

Committee Members: (three required for M.S.; four for PhD) (*PhD candidate only)

(1) _____ (Chair) (2) _____

(3) _____ (4*- outside member) _____

Department/University of Outside Member _____

If you have a committee member who is outside of the University of Iowa, please send me their following information.

Cell Phone Number: _____

Email: _____

A copy of their CV

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

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

Candidate's signature

Date

/

Advisor's signature

Date