

**Notification of Intent to Take Comprehensive Exam
(Please fill out and return to Cyerra in Rm. 202 VAN)**

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.; four for Ph.D. or comprehensive exam)

(1) _____ (Chair) (2) _____

(3) _____ (4)* _____

(5)* _____

University/Department 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 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