

Doctoral Comprehensive Qualifying Exams Schedule Confirmation Form

Student Name:	
Committee Members: (names, not signatures)	
Chair:	
Major Area:	
History/Theory:	
Music:	
Outside Member:	
ORAL Exam Schedule	Date of Written Exam
Date:	History:
Time:	Theory:
Location:	Area I – Area II –
Following the completion of the written portion of the comprehensive exam portion of the comprehensive exam in consultation with your committee chains completed form to room 4103. It will then be routed to the members of committee deems it necessary, you may have to redo all or part of the writthis is the case you will schedule the necessary parts of the exam in consultations the comprehensive exam your committee will passed the comprehensive exam it is appropriate to discuss your plans for DESIGNATE YOUR RESEARCH ADVISOR. After passing the Comprehensive Exam you are a candidate for the DMA, you have completed the degree.	n, you must allow at least 11 working days before scheduling the oral nair. Once you have set the date of the oral portion of the exam, return of your committee and the appropriate area coordinators. [If your DMA tten portion of the exam before you take the oral portion of the exam. If ultation with your chair and the Director of Graduate Studies.] let you know of their decision of pass or fail of the exam. If you have rethe Research Project with your committee. At this time you should
Student signature	
Committee Chair signature	Date
Director of Graduate Studies signature	Date

^{*}Once you have scheduled your oral exam, return this completed form to the School of Music office (4103).