

FIELD ELIGIBILITY FORM FOR COMPREHENSIVE EXAM

Student Name: _____

Student Person Number: _____

Comprehensive exam will be taken in the field of _____
during the _____ semester. **Submit the completed form to the Director of Graduate Studies for review.**

Courses applied toward the field course requirements:

Course Number	Course Name	Semester
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subfields (if applicable for the field requirements):

1. _____
2. _____

Approved by the Field Committee Chair:

(Please print/type name)

(Signature and date)