Doctoral Comprehensive Qualifying Exams
Schedule Confirmation Form

Student Name: ____________________________________________

Committee Members: (names, not signatures)

Chair: ____________________________________________________

Major Area: _______________________________________________

History/Theory: ____________________________________________

Music: ____________________________________________________

Outside Member: ____________________________________________

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<thead>
<tr>
<th>ORAL Exam Schedule</th>
<th>Date of Written Exam</th>
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<tr>
<td>Date:</td>
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<td>Time:</td>
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~~Procedures following the written portion of the Comprehensive Exam~~

Following the completion of the written portion of the comprehensive exam, you must allow at least 11 working days before scheduling the oral portion of the comprehensive exam in consultation with your committee chair. Once you have set the date of the oral portion of the exam, return this completed form to room 4103. It will then be routed to the members of your committee and the appropriate area coordinators. [If your DMA committee deems it necessary, you may have to redo all or part of the written portion of the exam before you take the oral portion of the exam. If this is the case you will schedule the necessary parts of the exam in consultation with your chair and the Director of Graduate Studies.]

Following the oral portion of the comprehensive exam your committee will let you know of their decision of pass or fail of the exam. If you have passed the comprehensive exam it is appropriate to discuss your plans for the Research Project with your committee. At this time you should DESIGNATE YOUR RESEARCH ADVISOR.

After passing the Comprehensive Exam you are a candidate for the DMA, and you must register for at least one credit hour each semester until you have completed the degree.

Student signature ___________________________ Date ________________
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).*