PhD in Music Education Comprehensive Qualifying Exams
Schedule Confirmation Form

Student Name: ________________________________

Committee Members: (names, not signatures)

Chair: ______________________________________

Major Area: __________________________________

History/Theory: _______________________________

Music: _______________________________________

Outside Member: ______________________________

<table>
<thead>
<tr>
<th>ORAL Exam Schedule</th>
<th>Date of Written Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>History/Theory:</td>
</tr>
<tr>
<td>Time:</td>
<td>Music Education:</td>
</tr>
<tr>
<td>Location:</td>
<td>Music Education:</td>
</tr>
</tbody>
</table>

~~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 taking the oral portion of the comprehensive exam. Once you have set the date of the oral portion of the exam, return this completed form to room 416A. It will then be routed to the members of your committee and the appropriate area coordinators. [If your PhD 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 written exam your committee will let you know of their decision. If you have passed the comprehensive exam it is appropriate to discuss your plans for your dissertation with your committee. At the very least you should DESIGNATE YOUR RESEARCH ADVISOR.

After passing the Comprehensive Exam you are a candidate for the PhD. At this point 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 ________________