

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:

~~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 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.]

Shortly before you take the oral portion of the exam you should schedule a time with the Director of Graduate Studies to examine a copy of your answers to the written portion of the exam. You will have a half-day to examine your work (9:00am –noon or 1:00pm-4:00pm). During this time you are not to copy or reproduce any portion of the test or your work. You are also not to let others view your exam.

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 the Research Project with your committee. At the very least you should DESIGNATE YOUR RESEARCH ADVISOR.

After passing the Comprehensive Exam you are a candidate for the DMA. 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 _____