

**UNIVERSITY OF SOUTH ALABAMA
GRADUATE SCHOOL
COMPREHENSIVE EXAMINATION COMMITTEE APPOINTMENT REQUEST
AND EVALUATION REPORT**

Student Name _____ Student Number _____

Student Address _____

E-mail Address _____

Comprehensive Examination for the degree of _____

Semester/Year* of Examination _____ Date, Time, Place*** _____

RECOMMENDATION for appointment of committee as listed below:

(Departmental Chair or Graduate Coordinator-Signature) Date

(Director of Graduate Studies-Signature) Date

APPROVAL * of appointment of committee:

(Dean of the Graduate School-Signature) Date

Membership of Graduate Faculty**	Status/Year (FULL OR ASSOC. YEAR APPT.)	Pass	Fail
Chair*** _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Notified of Exam Results: _____ / _____
Print Name Signature Date

* Approval of appointment of committee may be **no later than two weeks before date of exam.**
For appointment of additional members, use additional form.

** Each committee member initials pass or fail; chair also provides signature by his/her name **after the exam.**

*** Committee chair certifies that the student was examined at date, time, and place of which the student was notified in advance. Committee chair will record date, time and place, if it is not indicated at time of committee appointment; secure initials of members; and return the completed form to the Graduate School.

Final Distribution: Registrar (original), Graduate School, Department