

# "New Format"

## HDFS Comprehensive Examination Planning Form

Student Name: \_\_\_\_\_ Major Professor: \_\_\_\_\_

Exam 1: Theory focus Dates: \_\_\_\_\_ to: \_\_\_\_\_

Brief description of expectations:

Exam 2: Research Focus Dates: \_\_\_\_\_ to: \_\_\_\_\_

Brief description of expectations:

Exam 3: Oral Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room: \_\_\_\_\_

(Professional practice and follow-up of exam 1 and 2) Brief description of expectations:

Committee Signatures:

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

Graduate Program Director Signature:

\_\_\_\_\_  
Name Date

Faculty member primarily responsible for writing evaluation question #1:

\_\_\_\_\_  
Name Date

Faculty member primarily responsible for writing evaluation question #2:

\_\_\_\_\_  
Name Date

Outside committee member has waived his/her involvement.

\*In the event that the student cannot complete the exam by deadline date, the comprehensive exam form will be amended with permission from the Graduate Program Director.

\*\*10 percent scale-consult Ph.D. Handbook for details.

Yes-Graduate secretary needs e-mail stating this.

No