FORM 6

APPROVAL OF COMPREHENSIVE EXAMINATION PROPOSAL

(print student’s name) ________________________________________________ (signature) ____________________________ (date)

Attach prelim proposal or outline of exam subjects.

NOTE: Student must be enrolled in the semester of oral examination. Committee must meet for oral exam.

(anticipated date of completion)

(print Committee Member’s name) ____________________________ (signature) ____________________________ (date)

(print Committee Member’s name) ____________________________ (signature) ____________________________ (date)

(print Committee Member’s name) ____________________________ (signature) ____________________________ (date)

(print Committee Member’s name) ____________________________ (signature) ____________________________ (date)

(print Guidance Committee Chair’s name) ____________________________ (signature) ____________________________ (date)

APPROVAL:

(Director, Information and Media) ________________________________________________ (date)

Information and Media
304 Communication Arts & Science Bldg.
East Lansing, MI 48824
(517) 432-1526
(517) 355-7710 (fax)

Cc: Student
    Student File