

**DEPARTMENT OF SOCIOLOGY**

**COMPREHENSIVE EXAMINATION AREA AND COMMITTEE APPROVAL**

Please have your *Comprehensive Exam Committee* sign off on this form indicating that they approve your request to take a Comprehensive Examination scheduled for the Fall/Spring 20\_\_\_\_ semester.  
(circle one)

Keep in mind that all members of the comprehensive examination committee must be identified as Area of Specialization experts, according to the approved *Areas of Specialization* list available from the Graduate Coordinator. Once you have completed this form and obtained all the necessary signatures, submit it to the Graduate Coordinator.

This form must be on file at least 30 days before the date of the comprehensive exam.

STUDENT NAME: \_\_\_\_\_

AREA OF SPECIALIZATION: \_\_\_\_\_

COMMITTEE CHAIR:

\_\_\_\_\_  
Signature and Date

COMMITTEE MEMBERS:

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Signature and Date

GRADUATE COORDINATOR APPROVAL:

\_\_\_\_\_  
Signature and Date