

REQUEST TO SCHEDULE COMPREHENSIVE EXAMINATION FOR PLAN C

NOTE: NO COMPREHENSIVE EXAMINATION CAN BE GIVEN UNLESS THIS FORM IS COMPLETED AND APPROVED BY THE GRADUATE COORDINATOR

(This form should be completed at the same time the Graduate Student submits the Candidacy Application for the Master's Degree. It is to be kept in the student's advising file.)

Name
(Last) (First) (M.I)

Date of Request: Student ID number

Area of Study/Specialization (Check one)

- Environmental
- Geotechnical
- Structural
- Transportation
- Water Resources

Name of Graduate Faculty Advisor:

Title of CE 500C Study:

Name of CE 500C Supervisor:

Semester of CE 500C Enrollment:

I CERTIFY THAT THIS STUDENT WILL COMPLETE THE CE 500C STUDY AS OF (DATE): _____

SIGNATURE: _____ (CE 500C FACULTY SUPERVISOR)

FACULTY COMMITTEE FOR PLAN C COMPREHENSIVE EXAMINATION

I agree to serve on this Committee:

<u>FACULTY NAME</u>	<u>SIGNATURE</u>	<u>FORMAT* (O OR W)</u>	<u>DATE SIGNED</u>
1. _____ (Chair)	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

*FORMAT OF EXAMINATION: O = ORAL; W= WRITTEN DATE OF EXAMINATION: _____

APPROVED BY: _____ (Graduate Coordinator) Date: _____

RESULTS OF THE EXAMINATION WILL BE REPORTED BY THE DEPARTMENT ON THE APPROPRIATE UNIVERSTIY FORM.