

DEPARTMENT OF
COMMUNICATION



College of Arts
& Sciences

CANDIDACY EXAMS COMMITTEE – Ph.D. PROGRAM

NAME: _____ DATE: _____

The following members of the faculty will serve as my Comprehensive Exam Committee (indicate with an X who will serve as the committee chair):

	<u>NAME</u>	<u>SIGNATURE</u>	<u>DATE</u>
Theory	_____	_____	_____
Methods	_____	_____	_____
Specialization	_____	_____	_____

AGREED:	AGREED:	AGREED:
_____	_____	_____
GRADUATE STUDENT	ACADEMIC ADVISER	GRADUATE DIRECTOR
_____	_____	_____
DATE	DATE	DATE