

# Petition to Take PhD Comprehensive Examinations

rev 5/05

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Master's Degree Received \_\_\_\_\_  
year university/department

Semester and year started PhD program \_\_\_\_\_

PhD major field \_\_\_\_\_ PhD minor field \_\_\_\_\_

Semester and year scheduled to take comprehensive exams \_\_\_\_\_

Is the supervisory committee requiring an exam in the allied field? \_\_\_ Yes \_\_\_ No

Will you be registered for at least 3 credit hours during the semester of your comprehensive exams as required by the Graduate School? \_\_\_ Yes \_\_\_ No

## Courses Completed

### Major Field Courses (minimum of 6)

Number	Semester and year
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Minor Field Courses (minimum of 4)

Number	Semester and year
_____	_____
_____	_____
_____	_____
_____	_____

### Department Core

POLS 6003	_____
POLS 6001	_____
POLS 6040	_____

### Other Courses (if required by committee)

_____	_____
_____	_____
_____	_____

**Supervisory Committee Approval:** Your signature indicates that this student has completed all required course work and is approved to take the PhD comprehensive examinations in the semester indicated.

\_\_\_\_\_  
Committee chair

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Committee member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Committee member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Committee member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Committee member

\_\_\_\_\_  
Signature