

COMPREHENSIVE EXAMINATION REGISTRATION FORM

Your Name: _____ Your MUID: _____

Your Marquette Mailing Address: _____

Telephone (Home): _____

Telephone (Work): _____

Telephone (Cell): _____

E-mail Address: _____@marquette.edu

Check your Graduate Student Handbook for the current Exam dates.

All Exam Committees have two members. First, meet with your adviser early in the semester, but no later than six weeks before your chosen Exam date. In consultation with your adviser, you must select two members. Both faculty members must sign this form agreeing to serve and indicating which question they will ask. The signed form must be returned to the Graduate Records Office (JH112) no later than four weeks before the chosen Exam date for the approval of the Associate Dean for Graduate Studies.

Member (Will ask a Normative or Specialization question – mark one)

Name: _____

Signature: _____ Date: _____

Member (Will ask a Normative or Specialization question – mark one)

Name: _____

Signature: _____ Date: _____

Return this signed form to the Graduate Records Office/JH 112).

Date filed: _____