

PROPOSAL FOR CULMINATING EXPERIENCE
WRITTEN OR ORAL EXAMINATION ONLY

Complete, print and file this form with the Division of Graduate Studies in accordance with guidelines published in the University Bulletin.

NO HANDWRITTEN FORMS WILL BE ACCEPTED

1. Official Degree Title as listed in the University Bulletin:
Master of _____ Major _____
Concentration or emphasis (if applicable) _____

2. This proposal is: [] New [] Revised For registration in (enter term and year): _____

3. Name _____ Student ID _____
Address _____ Phone _____
City/State/Zip _____ Email _____

4. INDICATE THE TYPE OF EXAMINATION(S) YOU WILL BE TAKING:
[] Written Comprehensive Examination [] Oral Comprehensive Examination REPORT OF COMPLETION REQUIRED

5. Description (must fit in space allotted):
Include brief description of examination content.

6. SUPERVISING COMMITTEE: must include a minimum of two TENURED or TENURE TRACK faculty members from the student's major department
Committee Chair:

SIGNATURE TYPE/PRINT NAME, ACADEMIC RANK AND DEPT. EMAIL (REQUIRED)
Other committee member(s):
2nd SIGNATURE TYPE/PRINT NAME, ACADEMIC RANK AND DEPT.
3rd SIGNATURE TYPE/PRINT NAME, ACADEMIC RANK AND DEPT.

7. DEPARTMENT CHAIR/GRADUATE COORDINATOR: I have reviewed the above proposal including the composition of the supervising committee and find it acceptable for meeting the culminating experience requirement for the master's degree in the major indicated.

SIGNATURE TYPE/ PRINT NAME AND TITLE DATE

FOR OFFICE USE ONLY

Accepted by Division of Graduate Studies _____ Date _____