

Request for Doctoral Comprehensive Examination

Last Name	First Name	M.I.		Today's Date
Street Address				Student Number
City	State	Zip	-	Telephone Number
Anticipated Date (or sem	ester/year) of Comprehensive Examinat	ion	Email Address	
Department of Major Ar		Advisory Committee Chair		
262 Melcher Hall, Attent be filed prior to the begir	ion: Mary Gould, Director of Registrationning of the semester in which the compublished catalog requirements governing	on and Academiorehensive exam	e Records for the Bau is to be taken.	ment chair and return completed form to ner College of Business. This request mus it this request for
degree plan to ascertain 6	named student is applying to sit for the celigibility. The Associate Dean for Acade of this request to you after processing.			
Advisory Committee Ch	air		Department Ch	air
Registration and Academ	nic Records, Bauer College of Business:			
1 Completed	hours in the doctoral degree plan.			
2 Maintained requ	uired grade point average in all graduate	work attempted	l at the University of	Houston.
3 Fulfilled residen	cy requirement.			
() Approved	() Disapproved			
	, Director, Reg	gistration and A	cademic Records	
Signature		College of Busine		Date
Distribution of form:	Original to student file			

Copy to Advisory Committee Chair