

Please complete this fillable pdf, print it out, and bring it into the Department of Statistics for approval.

Application for Oral Comprehensive Examination

Date: _____

Name: _____

Address: _____
Street City State Zip Code

G#: _____

I am requesting that my oral comprehensive examination for the PhD degree in Statistical Science be conducted with the following Doctoral Studies Committee members:

1. Chair: _____
2. Member: _____
3. Member: _____
4. Member: _____

The examination will cover the following 8 approved advanced emphasis courses from my Plan of Study filed on _____
Date

Course #:	Course Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date: _____

Time: _____

Location: _____

Duration of Exam: 1 Hour

Approved:

Chair, Department of Statistics

Date