

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