

**Ph.D. COMPREHENSIVE EXAMINATION COMMITTEE**

Student's Name: \_\_\_\_\_

The Ph.D. comprehensive examination is intended to assess the student's mastery of the general field of doctoral study, the student's acquisition of both depth and breadth in the area of specialization within the general field, and the ability to use the research methods of the discipline. It should be administered at approximately the time of completion of the formal course requirements and should be passed at least eight months before the scheduling of the final oral examination and dissertation defense. In no case may the comprehensive examination be taken in the same term in which the student is graduated.

The Committee shall be composed of at least four faculty members as follows: (1) The Faculty Advisor as Chairman; (2) One full-time faculty member from the student's program area; (3) One additional faculty member from the Department of Civil & Environmental Engineering; and (4) One member from outside the student's major area representing the minor area in the student's plan of study. At least three of the four members shall be regular or adjunct Graduate Faculty members.

Proposed Committee for the Ph.D. Comprehensive Examination and their Department or affiliation:

Chairman: \_\_\_\_\_

Members: \_\_\_\_\_  
\_\_\_\_\_

In accordance with the above requirements I request approval of the above Committee. I have personally contacted all members and they indicated their willingness to serve on the Committee.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I recommend the approval of the Committee:

Advisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approvals by additional faculty in the Student's Program area - if needed (A majority of the Program Area Faculty must approve the Committee either by serving on it or by signing here):

\_\_\_\_\_

I have examined the Student's record and find that he/she meets the requirements for admission to the examination and that the proposed Committee is appropriate:

Academic Advisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Committee is approved.

Department Chairman's signature: \_\_\_\_\_ Date: \_\_\_\_\_