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DOCTORAL COMPREHENSIVE EXAM PROPOSAL

Student Name: _____

Date: _____

Faculty Advisor: _____

• Paper Title: _____

• Brief description of the topic to be discussed in the paper:

• **Exact Due Date for turning in the Final Paper must be 22 weeks after initial meeting:**

Committee Members (note that the minimum committee size is four)

Name	(type or print)	Signature
1.	_____	_____
	Chair	
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Student: _____

_____ Date: _____

Director of Graduate Studies