



College of
ENGINEERING
VILLANOVA
UNIVERSITY

Application for Ph.D. Comprehensive Examination

Date: _____

Last Name: _____ First Name: _____ MI: _____

Banner ID: _____ Major Department: _____

Date of Admission _____ Advisor _____

I request permission to schedule my Ph.D. Comprehensive Exam as follows:

- a. _____ Dissertation Proposal has been or will be submitted to Committee on _____ (date).
- b. _____ Request to take Written Examination (if required) on Disciplinary topic on _____ (date).
- c. _____ Request to take Oral Examination on _____ (date).

Notes:

- 1) Exams (b) and (c) will be scheduled at least 30 Days after submission of Proposal (a).
- 2) Permission to take Comprehensive Exam will be granted only if Advisory Committee has been formed (COE-PHD-05).

Approvals:

Ph.D. Advisor

Date

Ph.D. Committee

Date