

ORAL COMPREHENSIVE EXAM SCHEDULING

PREVIOUS EXAM METHOD

You will use this form to schedule your oral comprehensive exam once the committee has been approved by the Associate Dean and a Chair appointed. Enter the faculty member's name beside each category. You must have one from each of the 4 categories (refer to the listing of available faculty members). Your major faculty Advisor is automatically one member of your four member oral exam committee. If you are required to have a 5 member faculty committee, you will need to include a 5th faculty member. Please plan to arrange your oral comp exam as soon as possible following completion of the written comp exam!

NOTE: Return this form to the Academic Programs office (room 403) as soon as possible.

Student Full Name (Last, First, Middle Initial)

Six Core Courses

OPTI		OPTI		OPTI		OPTI	
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Category

Professor's Name

Professor's Signature

PHYSICAL OPTICS		
GEOMETRICAL OPTICS		
QUANTUM/SOLID STATE		
TRACK/SPECIALIZATION		
MINOR OR 5TH (If Required)		

The professor's signature indicates agreement for your Oral Comprehensive completion requirements.

Exam to be Scheduled On

Day of Week	Month	Date	Year

Beginning At

		A.M.		P.M.
Time				

Three hours must be reserved for Exam.
Return this completed form to Academic Programs (room 403) as soon as possible.

