REQUEST FOR GRADUATE COMPREHENSIVE ORAL EXAMINATION

[Submission Deadlines – Fall Semester – Sept 5; Spring Semester – Feb. 5]

NAME	
LAST / FIRST / INITIAL ↑	FREDONIA I.D. NUMBER↑
STREET ADDRESS ↑	CITY / STATE / ZIP CODE ↑
MAJOR PERFORMANCE MEDIUM ↑	DEGREE PROGRAM ↑ / E-MAIL ADDRESS ↑

I would like to schedule my Comprehensive Oral Examination on or about the following dates: (DAY, MM/DD/YY)

1. _____
2. _____
3. _____

Listed below are the number, title, semester and year of enrollment, grade and name of instructor for each course taken in the degree program. Return completed form to *School of Music Associate Director.*

SUBJ	COURSE #	TITLE	SEMESTER / YEAR	GRADE	INSTRUCTOR'S NAME

DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY FACULTY/STAFF

ARRANGEMENTS BY AREA COORDINATOR

Examination Date: _____

Room: _____

Oral Exam Committee:

1. Chair: _____
2. _____
3. _____

Rev. Jun-10

☐ PASSED:(DATE)
☐ PASSED WITH REVISIONS:(DATE)
☐ FAILED:(DATE)
COMPREHENSIVE ORAL EXAM COMMITTEE: (SIGNATURES)
1.
2.
3.

Return to SOM Associate Director