REQUEST FOR GRADUATE COMPREHENSIVE ORAL EXAMINATION

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

NAME							Arrangements by Area Coordinator
LAST / FIRST / INITIAL ↑					FREDONIA I	.D. NUMBER↑	Faran Datas
							Exam Date:
STREET ADDRESS ↑ CITY / STATE / ZIP CODE ↑							Room:
MAJOR PERFORMANCE MEDIUM ↑ DEGREE PROGRAM ↑					E-MAIL ADD	RESS ↑	Oral Exam Committee:
							1. Chair:
I would like to schedule my Comprehensive Oral Examination on or about the following dates: (DAY, MM/DD/YY)							2
1.							3
2.							
3.							☐ PASSED:(DATE)
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 <i>School of Music Associate Director</i> .							PASSED WITH REVISIONS:(DATE)
SUBJ COURSE # TITLE SEM / YEAR GRADE INSTRUCTOR'S NAME							FAILED:(DATE)
3063	COOKSE #		11166	SEIVI / TEAR	GRADE	INSTRUCTOR S NAIVIE	EXAM COMMITTEE: (SIGNATURES)
							1.
							2.
							3.
							-
							-
							REVISION EXAM:(DATE)
							PASSED:(DATE)
							FAILED:(DATE)
							EXAM COMMITTEE: (SIGNATURES)
							1.
							2.
							3.
							-
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							Return to SOM Associate Director revised 14-May-13