

**COMPREHENSIVE EXAM FORM  
RCTE PROGRAM**

**Instructions:** Students must submit this form to the Graduate Program Coordinator within the first five weeks of the semester you plan to take the comprehensive exam.

Students should fill out the form, then route to each committee member for review and approval, then route to the RCTE Program Director for approval, then route to Graduate Program Coordinator for confirmation of receipt.

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Name \_\_\_\_\_ Date \_\_\_\_\_

- 1) Attach your four approved reading lists to this form (combined as a single PDF)
- 2) Attach your four sets of possible written-exam questions to this form (combined as a single PDF)
- 3) What is your minor? \_\_\_\_\_

**WRITTEN EXAMINATION:** Please list the start and end date of your written exam. You will have one full week to complete the exam (from 9AM of the start date to 4PM the day of submission).

Written Exam Start Date: \_\_\_\_\_

Written Exam End Date: \_\_\_\_\_

**ORAL EXAMINATION:** Must be scheduled at least 6 weeks after the start of the written exam. Exam lasts 2.5 hours.

Oral Exam Date: \_\_\_\_\_ Oral Exam Time: \_\_\_\_\_

**EXAMINATION COMMITTEE**

Please list the names of those faculty members who have agreed to serve on your examination committee and indicate their roles. Please type the names and have each professor sign off on this form.

1. Name: \_\_\_\_\_  Chair  Co-Chair
2. Name: \_\_\_\_\_  Member  Co-Chair
3. Name: \_\_\_\_\_  Member
4. Name: \_\_\_\_\_  Member  Minor representative

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**COMMITTEE MEMBERS:** By signing this form, you thereby give your final approval to the attached reading list (scroll to the bottom of the document to find attachment), exam questions list, and the written examination and oral examination dates/times listed above.

**Committee Chair:** \_\_\_\_\_ Date: \_\_\_\_\_

**Faculty:** \_\_\_\_\_ Date: \_\_\_\_\_

**Faculty:** \_\_\_\_\_ Date: \_\_\_\_\_

**Faculty:** \_\_\_\_\_ Date: \_\_\_\_\_

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**PROGRAM DIRECTOR'S APPROVAL:**

**Program Director:** \_\_\_\_\_ Date: \_\_\_\_\_

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**CONFIRMATION OF RECEIPT:**

**Graduate Program Coordinator:** \_\_\_\_\_ Date: \_\_\_\_\_  
([smao@arizona.edu](mailto:smao@arizona.edu))