

UNC School of Biological Sciences
Request to Schedule Doctoral Written Comprehensive Exams

Student's Name:

Today's Date:

Student Bear Number:

Student's Advisor:

Proposed Dates of Written Exam:

(Note: final scheduled date of the written exams should be at least 3 weeks before a tentative oral exam date to allow for grading of the written exam and processing with the Graduate School)

Signatures:

Advisor: _____ Date: _____

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____