

EASTERN KENTUCKY UNIVERSITY
The Graduate School
CPO 68, SSB 310
521 Lancaster Ave.
Richmond, Kentucky 40475-3168
(859) 622-1745

Schedule of Comprehensive Examinations(s)

Date: _____
Student Name: _____
EKU Id#: _____
Address: _____

This schedule must be filed at least two weeks prior to the date the examination is to be held. Applications for graduation must be on file in the Graduate School office prior to the scheduling of comprehensive examinations.

_____ Your Oral Thesis Defense for the master's degree has been set for:

_____ A.M./P.M. _____
(day of week) (date) (location)

_____ Your Oral Comprehensive Examination for the master's degree has been set for:

_____ A.M./P.M. _____
(day of week) (date) (location)

_____ Your Written Comprehensive Examination for the master's degree has been set for:

_____ A.M./P.M. _____
(day of week) (date) (location)

Your Committee is as follows:

Committee Chair (please sign)

Anyone with a scheduling conflict for the examination(s) must contact the Committee Chair **immediately**.

Distribution: the Committee Chair who originates this Schedule of Comprehensive Examinations form should distribute the copies as follows:

Original to: Graduate School