



# School of Urban Studies and Planning

College of Urban and  
Public Affairs

## URBAN STUDIES/URBAN STUDIES: REGIONAL SCIENCE PH.D. PROGRAM

Request for Comprehensive Examination Dates  
Approval of Examination Committee

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**First Field:** \_\_\_\_\_ Exam Date: \_\_\_\_\_

Committee member: \_\_\_\_\_ (chair)

\_\_\_\_\_

**Second Field:** \_\_\_\_\_ Exam Date: \_\_\_\_\_

Committee member: \_\_\_\_\_ (chair)

\_\_\_\_\_

**Oral Examination Date and Time:** \_\_\_\_\_

Student Signature: \_\_\_\_\_  
(date)

Chairperson Signature: \_\_\_\_\_  
(date)

*Please be aware that comprehensive examinations may not be scheduled before all core coursework has been completed and the Program Proposal has been approved.*