

URI- RIC PH.D. PROGRAM IN EDUCATION
Request to Schedule Written Comprehensive Examinations for the Ph.D. Degree

TO: Dean, Graduate Studies- URI

FROM: _____
 Major Professor Signature

VIA: _____
 Program Co-director- URI Signature

 Program Co-director- RIC Signature

In accordance with department/ program procedures and Section 7.57 of the URI Graduate School Manual, permission is requested to schedule the written portion of the Ph.D. Comprehensive Examination for:

_____ on _____; _____
 Student's Name Date Student's URI ID #

Student's Email Address: _____

Committee Members	Dept./ Institution	Faculty Signatures

After completion of the examination, the results must be transmitted immediately to the URI Graduate School Office along with a request to schedule the oral portion of the examination within four weeks of the written examination and specifying a particular time, date and location that are acceptable to the candidate and the whole examining committee. The following additional graduate faculty member from outside the Education department is proposed for the Oral Examination Committee. He/ she has indicated his/ her willingness to serve and general availability during this period.

Name of the Outside Oral Examiner	Dept./ Program	Faculty Signature