

**DEPARTMENT OF FRENCH AND ITALIAN, GRADUATE OFFICE**  
**FORM for COMPREHENSIVE EXAM**

Student Name: \_\_\_\_\_

EID: \_\_\_\_\_ Semester of Exam: \_\_\_\_\_

The following professors agree to serve on the Comprehensive Exam committee for this student:

Chair: \_\_\_\_\_ Signature: \_\_\_\_\_

Member: \_\_\_\_\_ Signature: \_\_\_\_\_

Member: \_\_\_\_\_ Signature: \_\_\_\_\_

Member: \_\_\_\_\_ Signature: \_\_\_\_\_

The written exam will be taken on:

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