

D | A | A | P

College of
DESIGN
ARCHITECTURE
ART
PLANNING

COMPREHENSIVE EXAMINATION

A copy of this form must be retained in the student's file.

STUDENT INFORMATION

Student Name: _____ ° _____

Date Entering the PhD Program: _____

Student Signature Date

PRELIMINARY REQUIREMENTS

Number of PhD Colloquium absences: _____ GPA: _____ (attach transcripts)

Date of Comprehensive Examination: _____
(before September 16th in 5th semester of study)

Student Request

Postpone the examination to a later date to be determined

EXAMINATION RESULTS

Major: () Pass () Fail Date: _____

Minor: () Pass () Fail Date: _____

Methodology: () Pass () Fail Date: _____

Chairperson Signature 6SfW

Committee Member (Minor) Signature Date

Committee Member (Methodology or at-large) Signature Date

PhD Program Director Signature Date

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