# COLLEGE OF EDUCATION

## LANGUAGE, READING & CULTURE

EDUCATIONAL SPECIALIST
REQUEST TO SCHEDULE FINAL COMPREHENSIVE EXAM

Student Name: _____

Address: _____

Phone: _____

Date: _____

Exam Date Requested: _____ Major: _____

***As a member of the final exam committee for the above named student, I have agreed to the date noted above.***

MAJOR COMMITTEE: INITIALS:

_____ _____
(major committee chair)

_____ _____

_____ _____

In order to facilitate scheduling of exam, this request form must be received by the TLS Graduate Coordinator, Education Room 702 **at least three weeks prior to the exam date.** If you need special physical arrangements for your exam, please let the office know well in advance.

****Please type or neatly print form including names of committee members.**