

Comprehensive Examinations Approval Form

Student Name _____

MM Concentration _____

Emphasis _____

If Emphasis is Orchestral Instruments, then choose Instrument _____

Written Examination Date and Time _____

Retest Date and Time (if applicable) _____

Oral Examination Date and Time _____

Retest Date and Time (if applicable) _____

Graduate Faculty Committee Chair: _____

I approve the **written examination**.

I DO NOT approve the written examination.

I approve the **oral examination**.

I DO NOT approve the oral examination.

Faculty Digital ID Signature _____

Graduate Faculty Committee Member #2: _____

I approve the **written examination**.

I DO NOT approve the written examination.

I approve the **oral examination**.

I DO NOT approve the oral examination.

Faculty Digital ID Signature _____

Graduate Faculty Committee Member #3: _____

I approve the **written examination**.

I DO NOT approve the written examination.

I approve the **oral examination**.

I DO NOT approve the oral examination.

Faculty Digital ID Signature _____

Graduate Faculty Committee Member #4 (if applicable): _____

I approve the **written examination**.

I DO NOT approve the written examination.

I approve the **oral examination**.

I DO NOT approve the oral examination.

Faculty Digital ID Signature _____