

RLL Comprehensive Examination Chair Form

Student name: _____

Date: _____

Student signature: _____

The following faculty member has agreed to serve as the chair of my comprehensive examinations.

Faculty name: _____

Date: _____

Faculty signature: _____

The following members of the faculty have reviewed and approved the reading lists for the exam.

Faculty name: _____

Date: _____

Faculty signature: _____

Faculty name: _____

Date: _____

Faculty signature: _____

Faculty name: _____

Date: _____

Faculty signature: _____

Faculty name: _____

Date: _____

Faculty signature: _____

Faculty name: _____

Date: _____

Faculty signature: _____

Faculty name: _____

Date: _____

Faculty signature: _____

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Date: _____

Faculty signature: _____