

STEPHEN F. AUSTIN STATE UNIVERSITY
 SCHOOL *of* MUSIC

COMPREHENSIVE EXAM COMMITTEE

GRADUATE STUDENT NAME: _____

DATE: _____

SID #: _____

EMAIL ADDRESS: _____

BEST CONTACT PHONE #: _____

TEXTABLE? (yes/no): _____

I hereby agree to serve on the COMPREHENSIVE COMMITTEE of the student named above. I also agree that the comprehensive questions asked will be based on Masters Degree course work taken by the student or on topics outlined at a pre-comprehensive conference with the student.

NAME (PRINTED)

SIGNATURE

Faculty Members: _____

Please return at least 30 days before the scheduled exam to:

Dr. Stephen Lias, Graduate Coordinator
School of Music
Box 13043 SFA Station
Nacogdoches, TX 75962