



**STEPHEN F. AUSTIN
STATE UNIVERSITY**
THE UNIVERSITY OF TEXAS SYSTEM
NACOGDOCHES, TEXAS

COMPREHENSIVE EXAM COMMITTEE REQUEST FORM

GRADUATE STUDENT NAME: _____

DATE: _____

SID #: _____

EMAIL ADDRESS: _____

BEST CONTACT PHONE #: _____

TEXTABLE? (yes/no): _____

ALL COMPREHENSIVE EXAMS WILL BE GIVEN ONLINE THROUGH D2L USING HONORLOCK.

MORE INFORMATION TO FOLLOW.

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 master's degree coursework taken by the student or on topics outlined at a pre-comprehensive conference with the student.

NAME (PRINTED)

SIGNATURE

Faculty Members: _____

Please return to:

Dr. Scott LaGraff
Associate Director for Graduate Studies
School of Music
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