

SECS Ph.D. Comprehensive Exam Schedule Form

Student Name: _____

Faculty Name: _____

Office: _____

Phone Number: _____

(Please provide a number that you can be reached during the exam in case the student has questions)

Exam Date: _____

Exam Duration: _____

Exam Subject: _____

Exam Policy: (Open/close book, cheat sheet, materials allowed, usage of calculators, etc. **Please check all that apply.**)

____ Open Book (____ eBook Allowed) ____ Closed Book

____ Open Notes ____ Closed notes

____ Cheat Sheet (____ pages)

____ Calculator Allowed ____ Laptop Allowed ____ Internet Access Allowed

Others: _____

Materials Collected:

__X__ Exam and Answer sheet

____ Cheat Sheet

Others: _____
