

Eastern Michigan University
School of Music & Dance
Graduate Comprehensive Review
Application Form

STUDENT NAME (Printed)

SIGNATURE

DATE

EID#

E-MAIL

PHONE

Return completed form (with faculty signatures) to the Graduate Coordinator TWO WEEKS prior to the date of the examination.

Examination appointment—please consult with your faculty committee members to set a one-hour exam appointment.

Oral Examination

Day of week

Date (Month/Day/Year)

Beginning time (allow 1 hour)

FACULTY (Grading) Committee for Oral Examination

FACULTY NAME (Printed)

SIGNATURE

DATE

FACULTY NAME (Printed)

SIGNATURE

DATE

FACULTY NAME (Printed)

SIGNATURE

DATE

Approved (Graduate Coordinator signature)

Approved (School Director signature)