

Urban and Regional Planning and Design

Comprehensive Exam Sign Off Sheet

This information must be provided and signed off on before a student can take their comprehensive exams.

Student Name: _____

Advisor: _____

Current Date: _____

Expected Date of Comprehensive Exam: _____

Required Courses: (semester taken and final grade)

URSP 804: _____

URSP 810: _____

URSP 805: _____

Methods Course: _____ (Course name and number)

Major Field: _____

Course 1: _____ (Course name and number, semester taken and final grade)

Course 2: _____

Course 3: _____

Minor Field: _____

Course 1: _____

Course 2: _____

Signoff

Advisor: _____

Director Ph.D. Program: _____

Marie Howland

5/18/14