

Office of Graduate Studies Comprehensive Examination/Portfolio Committee Form
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It is the responsibility of the graduate student to initiate the examination process (to include getting the signatures of Comp./Portfolio Committee members) and to complete the *Comprehensive Examination/Portfolio Committee Form*.

Name: _____ SID#: _____

Address: _____
Street City State Zip

Phone: _____ E-mail: _____

Degree Seeking: _____
(Include emphasis)

Advisor/Chairman's Name (Please print) Date

Advisor/Chairman's Signature

Departmental Member's Name (Please print) Date

Departmental Member's Signature

Faculty Member's Name (Please print) Date

Faculty Member's Signature

I am going to take the Comprehensive Examination/Portfolio Evaluation Completed:

- ☐ 20__ Fall Semester
☐ 20__ Spring Semester
☐ 20__ Summer Semester

I intend to graduate:

- ☐ 20__ Fall Semester
☐ 20__ Spring Semester
☐ 20__ Summer Semester

☐ I would like to reserve a computer.

☐ I would not like to reserve a computer

Student Signature

Date

Please return this form to:

Graduate Studies/Lincoln University
116 STH, 820 Chestnut Street
Jefferson City, Missouri 65101
573/681-5247 or FAX: 573/681-5106