	GRADUATE COLLEGE	Ì				
	UNIVERSITY OF OKLAHOMA					
	HEALTH SCIENCES CENTER					
MEMORANDUM						
TO:	H. Anne Pereira, Ph.D. Dean, Graduate College					
FROM:						
DATE:						
SUBJEC	SUBJECT: Request for the Master's Comprehensive Examination					
I am requesting authority to administer the Comprehensive Examination for master student:						
	Name of Student Student ID					
The evenine	tion will be hold:					

The examination will be held:

Date	Time	Location

This student has filed an *Admission to Candidacy* form for the master's degree, is in good academic standing, enrolled in at least two graduate credit hours, and has completed and or enrolled in all coursework with acceptable grades to satisfy the requirements for the Master of Science degree.

The signatures below indicate all members of the Comprehensive Examination committee agree to this date.

Committee Member's Name (Typed)	Committee Member	Committee Member's Signature
	Committee Chair	