



Formation of the Graduate Program Comprehensive Exams Committee

SECTION I: STUDENT INFORMATION

Student Name	TUId	Email
Current Mailing Address		Home Telephone
Student Signature	Projected Graduation Date	Year entered the program

SECTION II: COMPREHENSIVE EXAMS COMMITTEE

Name of Committee Chair	Email address
Signature of Committee Chair	Date

Name of Committee Member	Email address
Signature of Committee Member	Date

Name of Committee Member	Email address
Signature of Committee Member	Date

SECTION III: TIMELINE

Projected Date for completion of the eight questions: _____

Projected Date for the choosing of the four questions: _____

Projected Date for administering the comprehensive exam: _____

Submit this form to the Temple Film and Media Arts Department Graduate Program Chair.