CURRICULUM AND INSTRUCTION Comprehensive Exam Scheduling Form

To be completed and submitted by Comprehensive Exam Committee Chair in consultation with student Name of Student: _____Date: Committee Chair/s: ______Date: **Curriculum and Instruction Foundations** Writer of question: Second Reader: Format for Questions: Take home Sit Down Date(s): Beginning Ending Focus Area: Writer of question: Second Reader: Format for Questions: Take home Sit Down Date(s): Beginning Ending Research Writer of question: Second Reader: Format for Questions: Take home Sit Down Date(s): Beginning

Ending

Focus Area	
Research	
Sit Down Test Scheduling	
Date:	
Room Reserved:	
	Signed by COE Room Scheduler
Computer Reserved	: Signed by T&L Administrative Assistant
	Signed by Tee Administrative Assistant
Comprehensive Exa	m Committee Chair available to supervise student's sit down
exam as scheduled:	
	Signed by Committee Chair
	Signed by Committee Chair
Oral Defense Schedulin	g (may change as needed)
Date:	
Room Reserved:	
-	Signed by COE Rm. Scheduler
This schedule is agr	•
Student:	Date:
Community of Francisco	
Comprehensive Exar	
Committee Chair/s:_	Date:
C & I Coordinator:	Date:
CC: Comprehensive exam (Committee Chair
C & I Coordinator Student File (T&L Admin. Assist.)	

Indicate which question is to be the Overarching Question:

Curriculum and Instruction