



HDFS COMPREHENSIVE EXAMINATION PLANNING FORM*

Name: _____

Major Professor: _____

Content**: _____

Dates: Starting: _____ Ending: _____

Format: MSU on-site _____ (**Time allotted: 8 hours)

Take-home: _____

Other: _____ Explain:

Outcome and standard for evaluation.****

Committee Signatures:

Graduate Program Director Signature:

Date

Date

Date

Faculty member primarily responsible for writing and
evaluating this question:

Date

Date

Date

Outside committee member has waived her/his
involvement.

☐ Yes -- Graduate Secretary needs e-mail stating this.

☐ No

*Please note that this is a binding agreement.

**Prepare one form per content area.

***In the event that the student cannot complete the exam by deadline date, the comprehensive exam form will be
amended with permission from the Graduate Program Director.

****4.0 scale to be used - consult Ph.D. Handbook for details.