

COMPREHENSIVE II – APPROVAL FORM

Student Name \_\_\_\_\_

Student No. \_\_\_\_\_

Exam Format \_\_\_\_\_  
(Question/Response; Course Outline; or Project Design)

Expected Date of Examination \_\_\_\_\_ Program Field \_\_\_\_\_

The reading list submitted on behalf of the above named student for the Comprehensive II, CLMD 6908, has been approved. The student may proceed to examination on the expected date.

**Signed**

\_\_\_\_\_  
Student (print name & sign)

\_\_\_\_\_  
Comp Advisor (print name & sign)

\_\_\_\_\_  
Second Reader (print name & sign)

\_\_\_\_\_  
Graduate Supervisor (print name & sign)

\_\_\_\_\_  
Dated