

**Department of Sociology
Michigan State University
Permission to Take Comprehensive Exam**

STUDENT MUST BE IN GOOD ACADEMIC STANDING AT THE PROPOSED DATE OF THE COMP FOR THIS FORM TO BE VALID.

Name of Student _____

Date of Meeting _____

The Guidance Committee of the student named above has met and has approved the statement and reading list for the Comprehensive Exam. The student plans to take the exam starting

_____.
(date)

The student understands that

- 1) if he/she does not take the exam on the designated date s/he must apply for an extension from the Chair of the Guidance Committee and that such an extension is given at the discretion of the Chair of the Guidance Committee.
- 2) if he/she does not take the exam within six months, the members of the Guidance Committee will review the reading lists and if they believe it is appropriate, add works to them.

Signatures

(student) _____
(date)

(Chair of Guidance Committee) _____
(date)

Other Guidance Committee members:

Type name and sign _____
(date)

Type name and sign _____
(date)

Type name and sign _____
(date)

Type name and sign _____
(date)

Please return this form to the Graduate Program Director or Roseann Bills.