

Comprehensive Examination Scheduling Worksheet

Department of Plant Science

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Student Name \_\_\_\_\_ PSU ID# \_\_\_\_\_

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Major \_\_\_\_\_ Minor (if applicable) \_\_\_\_\_

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Date of Examination \_\_\_\_\_ Location \_\_\_\_\_ Time \_\_\_\_\_

Has student met the English competency requirement  Yes  No

Has student met departmental communication skills requirements  Yes  No

List communication courses \_\_\_\_\_, \_\_\_\_\_

The Committee is  changed  same as previously submitted

Chair of the committee: \_\_\_\_\_

Co-Chair (if necessary): \_\_\_\_\_

Major Field Member(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Outside Member(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Minor Field Member(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Special Member(s): \_\_\_\_\_

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Approval of Committee Chair \_\_\_\_\_

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Date \_\_\_\_\_

**To be completed by student in consultation with Committee Chairperson, and submitted to Graduate Program Coordinator for approval and processing.**