**Nomination of Comprehensive Exam Committee**

PURPOSE: The University of Maryland, Baltimore School of Graduate Studies requires a comprehensive exam prior to admission to candidacy.The purpose of the comprehensive examination (CE) is to evaluate the student's mastery of knowledge essential for conducting scientific inquiry and knowledge of his/her selected specialty area.

REQUIREMENTS: Upon completion of the required courses (NURS 802, 840, 841, 850, 851, 814, 815, 819, 818, 811, 816, and 821) and at least 36 credits (excluding dissertation credits), students can meet the exam requirement.

FORMAT OF EXAM: I will meet the comprehensive exam requirement through completing a written and oral exam .

DIRECTIONS: Complete this nomination form and submit to the PhD program at [NRSPhD@umaryland.edu](mailto:NRSPhD@umaryland.edu) or UMSON, Room 404.

STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPREHENSIVE EXAM COMMITTEE: The following individuals have agreed to serve on my comprehensive examination committee.

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|  | NAME | GRADUATE FACULTY STATUS | AREA OF EXPERTISE |
| Chairperson: |  |  |  |
| Member 1: |  |  |  |
| Member 2: |  |  |  |

Proposed Examination Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_