

UNC School of Music
Doctoral Written Comprehensive Exams Permit/Results Form
For Music Education DA Students

Section A PERMIT (completed by the student, before comps are taken):

Name: _____ Bear Number: _____

Address: _____ Phone: _____

City/State/Zip: _____

Research Advisor in Music Education: _____

Secondary Emphasis: _____ Advisor: _____

Signature of Research Advisor: _____
(by signing above, the Research Advisor indicates approval to begin the written exams)

Section B RESULTS (completed by Advisors and Committee Members, after comps are passed):

This student has successfully passed the written comprehensive exam(s), including any stipulations, in the designated area.

Primary signature: _____ Date: _____
Pass Fail

Secondary signature: _____ Date: _____
Pass Fail

Section C (completed by the Graduate Coordinator):

This student has successfully completed all the written comprehensive exams required for their program in the School of Music.

Graduate Coordinator Signature: _____ Date: _____