

STEPHEN F. AUSTIN STATE UNIVERSITY  
Arthur Temple College of Forestry & Agriculture

**Application for Comprehensive Final Examination**

Name \_\_\_\_\_ SID \_\_\_\_\_ Date \_\_\_\_\_

Graduate Major \_\_\_\_\_ Degree Sought \_\_\_\_\_

This will certify that the above-named student has been approved for a comprehensive final examination.

Date requested for the exam \_\_\_\_\_

Time \_\_\_\_\_ Bldg. and Room \_\_\_\_\_

Typed Name

Signature

Date

Dr. \_\_\_\_\_  
Major Professor

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\_\_\_\_\_

Dr. \_\_\_\_\_  
Committee Member

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Dr. \_\_\_\_\_  
Committee Member

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\_\_\_\_\_  
Committee Member

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Committee Member

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Dr. \_\_\_\_\_  
Associate Dean (ATCOFA)

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Dr. \_\_\_\_\_  
Dean (ATCOFA)

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