

THE UNIVERSITY of TENNESSEE 
KNOXVILLE
COLLEGE OF SOCIAL WORK

**Comprehensive Examination
Topic and Committee Approval Form**

Student Information:

Name

Student I.D. Number

Address

E-mail

City, State, Zip

Submission Date

Proposed Topic: _____

Proposed Committee (a minimum of three members):*

Name (Chair)

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Signature Director of Ph.D. Program**

Date

* Signature implies approval of topic and consent to serve on Comprehensive Examination Committee.
Committee members must be approved to teach at the 600 doctoral level.

** Signature implies approval of topic and committee formation.