

PHD IN MATHEMATICAL SCIENCES
COMPREHENSIVE EXAM PROPOSAL

Email completed form, including required documents, to mathstatadmin@pdx.edu.

Student name: _____ **PSU ID:** _____
Advisor name: _____ **Advisor email:** _____

EXAM COMMITTEE MEMBERS

Committees must consist of at least three PSU faculty members, the majority of which must hold a primary appointment in the Fariborz Maseeh Department of Mathematics and Statistics.

Name	Department	Email

PRIMARY CONCENTRATION

Topic 1: _____

Supporting courses: _____

Examiner name: _____ Examiner signature: _____

Topic 2: _____

Supporting courses: _____

Examiner name: _____ Examiner signature: _____

SECONDARY CONCENTRATION

Topic: _____

Supporting courses: _____

Examiner name: _____ Examiner signature: _____

REQUIRED DOCUMENTS

1. Provide a syllabus for each topic. The examiner will indicate their approval of the relevant syllabus by signing above.
2. If a committee member is not a PSU faculty member, include that individual's current CV.

Student signature: _____ **Date:** _____

Program director signature: _____ **Date:** _____