

MASTER OF MUSIC REQUEST TO SCHEDULE COMPREHENSIVE EXAM

STUDENT: _____

MAJOR AREA: _____

DATE/TIME/PLACE OF EXAM: _____

ADVISOR: _____

ADVISOR SIGNATURE: _____ DATE: _____

This form should be submitted to Dr. Charlette Moe (charlette.moe@ndsu.edu.)
Please send a copy of this form to Jacoba Iverson (jacoba.iverson@ndsu.edu.)