

College of Business and Innovation
The University of Toledo
Ph.D. in Manufacturing and Technology Management
Doctoral Comprehensive Exams Request

Submit this completed Form, along with the following documents to the Director of the PhD Program at **least six weeks** prior to the exam.

- Your transcript and an approved Program of Studies.
- Evidence of approved course substitutions, transfers, or waivers.

Please keep a copy for your records. All students taking the Doctoral Comprehensive Exams must complete this Form to be properly registered for the exam.

Name: _____ Rocket ID#: _____

Date: _____

Email: _____

Local Address: _____

Phone: _____ Date of Matriculation _____
(Semester and year)

I wish to take my comprehensive examination: ____Summer Year: _____

IMPORTANT: By signing this Form I confirm that:

1. I have passed all the required courses to be eligible for taking the Comprehensive Exam.
2. All my incomplete "I" grades other than readings and independent studies have been completed and that a Change of Grade has been recorded by the professor(s).

Signature of Student

Date

Approved by: _____ Date _____
Program Director Signature