

Department of Mathematics
Form $\pi = 4\left(1 - \frac{1}{3} + \frac{1}{5} - \frac{1}{7} + \dots\right)$
11 Aug 1997

Passage of Comprehensive Exam

Once a student forms a PhD supervisory committee, most matters concerning a student are dealt with by the student's supervisor. This form is meant to help the Graduate Chair stay apprised of a student's progress.

To the advisor: Please fill out whichever parts of this form are appropriate after the student's Supervisory Committee meets. Return or email the form to the Graduate Chair (gc@math.unl.edu), with a copy to the student. Return an updated copy of Form π whenever there is a change in the information it collects. The requisite meetings of the Supervisory Committee can be by email or telephone, but all members should be polled.

For emailed copies of the form, the advisor's name may be entered where a signature is requested; the signature will then be imputed if the form originates from the advisor's account.

Student's name: _____

Establishment of Examination Areas The student's Supervisory Committee has voted:

For: _____ Against: _____ Abstain: _____

to require this student to take PhD Comprehensive Examinations in the following areas (give descriptions or course numbers):

Exam 1: _____ Exam 2: _____

Chair of Supervisory Committee: _____ Date: _____

Progress Toward Completion of Examination Areas In the judgment of the student's PhD Supervisory Committee, the student has passed the following components of the PhD Comprehensive Examination.

Exam 1 (month/year): _____ Passed

For: _____ Against: _____ Abstain: _____

Chair of Supervisory Committee: _____ Date: _____

Exam 2 (month/year): _____ Passed

For: _____ Against: _____ Abstain: _____

Chair of Supervisory Committee: _____ Date: _____

Additional requirements: (insert extra lines if needed or write 'None')

Completion of Comprehensive Exam The student's Supervisory Committee has voted

For: _____ Against: _____ Abstain: _____

that the student has passed all components of the PhD Comprehensive Examination.

Chair of Supervisory Committee: _____ Date: _____