



COLLEGE of  
FINE ARTS

*School of Music*

## Approval Form for Taking the DMA Comprehensive Exam

\_\_\_\_\_ has been approved by his/her Doctoral Committee to take the  
DMA Comprehensive Exam in the \_\_\_\_\_ semester of 20 \_\_\_\_\_

Signatures:

\_\_\_\_\_  
Major Professor

\_\_\_\_\_  
Co-Major Professor or Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Assistant Director, or Director, School of Music