

**Plan II - Comprehensive Exam Committee Approval Form**  
**Horticulture and Agronomy Graduate Group**

Submit completed form to Lisa Brown, 1224 PES (or Plant Sciences, Mail Stop 1), at least one month prior to taking exam.

Student's Name: \_\_\_\_\_  
 (please print)

Anticipated month and year of exam: \_\_\_\_\_

**Exam Committee Members (list Chair first):**

Exam Topic	Name (first, middle initial, last)	Academic Title (Assoc. Prof., Professor, Specialist, etc.)	Department

\_\_\_\_\_  
 Signature of student                      date

\_\_\_\_\_  
 Graduate Adviser (please sign *and* print name)                      date

\_\_\_\_\_  
 Exam Committee Chair (please sign *and* print name)                      date