

Competency Area Approval Form

Student Name:	Date of Approval:
Competency Area 1:	
Parameters of Exam Questions:	
# of Hours	
Content Description:	
Responsible Faculty Member(s):	
Competency Area 2:	
Parameters of Exam Questions:	
# of Hours	
Content Description:	
Responsible Faculty Member(s):	
Competency Area 3:	
Parameters of Exam Questions:	
# of Hours	
Content Description:	
Responsible Faculty Member(s):	

(Supervisory Committee Chair)

(Committee Member)

(Committee Member)

*A copy of the student's accepted program of study proposal must be filed with this form.