

**Master of Science in Instructional Technology**  
**Comprehensive Exam • Design & Development Project Announcement •**  
**Committee Form**

Name \_\_\_\_\_ SS#: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

**Comprehensive Exam and Design & Development Project Review Committee**

Typed Name	Professor directing Comprehensive Exam & Design & Development Project
Typed Name	Committee Member (may be from outside)
Typed Name	Committee Member

Date of the Comprehensive Exam: \_\_\_\_\_

Topic Areas for Comprehensive Exam \_\_\_\_\_

Date Comprehensive Exam Passed: \_\_\_\_\_

Semester Design & Development project is scheduled: \_\_\_\_\_

Date Design & Development Project is passed: \_\_\_\_\_

Signature of Academic Advisor  
 \_\_\_\_\_

Signature of the Department Head  
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