

6030 AND 6040 JDP COMP EXAM FORM

This form **MUST** be submitted to the JDP Program Manager by Thursday of week one of winter quarter

Student Name Student ID

RLGN 6030 sect. _____ Exam Title _____

Exam Date: _____ Start Time: _____ 4-hr. ___ 72-hr. ___

The exam should be in week ten or finals week if possible, with a day between comps.

I have agreed to be the **first reader** on the comp for the above-named student and will record the course grade in PioneerWeb by the Registrar's due date for winter grades.

Professor Name Professor Signature Date

Faculty and student/s have discussed course expectations (e.g. bibliography, schedules and communication).

Prof Initials

Student Initials

I have agreed to be the **second reader** on the comp exam for the above-named student.

Professor Name Professor Signature Date

RLGN 6040 sect. _____ Exam Title _____

Exam Date: _____ Start Time: _____ 4-hr. ___ 72-hr. ___

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