



Norfolk State University
Criminal Justice Comprehensive Exam Committee
(Form must be typed)

Student Name: _____ I.D.#: _____

Phone #: _____ Alternate Phone #: _____

Sequence: ___ Juvenile Justice ___ Management Planning

Specialty Area: _____

I have discussed my research plans for the comprehensive exam with my committee. The following faculty have agreed to serve on my committee.

Student Signature

Date

Chair of Committee

Date

Committee Member

Date

Committee Member

Date

*Note: The chair of the comprehensive committee **must** be a Criminal Justice Faculty. The second member of the committee may be Sociology and/or Criminal Justice Faculty. The third member of the committee may be Sociology, Criminal Justice and/or an outside faculty member.*