Andrews **D** University College of Education and International Services

APPLICATION FOR COMPREHENSIVE EXAMINATION

First Name	Last Name
E-mail	ID#:
Address	Degree
City State Zip Code	Major Area
Country	Date
NOTICE: You must apply for advancement to degree can	didacy to request comprehensive examination.
Semester you wish to take the Exam	Indicate how you wish to take your examination:
How many credits of work will you	Handwritten
1. take that semester?	(Graduate Programs supplies paper, pens/pencils)
2. have left to take <u>after</u> that semester?	
3. need to complete with a DG's	You must be computer literate and know Microsoft Word
	(Graduate Programs will supply the computer)
REMEMBER THIS APPLICATION CAN ONLY B	E APPROVED IF YOU ARE ON REGULAR STATUS!
Student Initials:	Date
DEPARTMENTAL APPROVAL	
Adviser	Date
710/1001	Date
Department Chair	
FINAL CLEARANCE AND APPROVAL	
Candidacy form submitted Checked	Cr left after Exam
CEIS Dean's Office:	
	0
	Date