

Name: _____
Last First

I.D.: _____



APPLICATION FOR COMPREHENSIVE EXAMINATION
Master's Program

School: _____

Department: _____

Degree: _____

Emphasis: _____

Anticipated Grad. Date: _____

Bulletin: _____

Mailing address: _____

Phone: _____

You must be REGULAR status and advanced to CANDIDACY a minimum of one month

Date Advancement to Candidacy granted: _____

Examination requested: Fall ☐ Spring ☐ Summer ☐ Year 200 _____

Have you taken a comprehensive examination for this program previously?

No ☐

Yes ☐

If YES, date taken: _____

Student

Date

Academic Adviser

Date

DEPARTMENTAL REQUIREMENTS AND CONDITIONS
