

APPLICATION FOR COMPREHENSIVE EXAMINATION

FirstName	<input type="text"/>	LastName	<input type="text"/>
E-mail	<input type="text"/>	ID#:	<input type="text"/>
Address	<input type="text"/>	Degree	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Country	<input type="text"/>	Major Area	<input type="text"/>
		Date	<input type="text"/>

NOTICE: You must apply for advancement to degree candidacy 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	<input type="checkbox"/> Handwritten
1. take that semester? _____	(Graduate Programs supplies paper, pens/pencils)
2. have left to take <u>after</u> that semester? _____	<input type="checkbox"/> Computer
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 BE APPROVED IF YOU ARE ON REGULAR STATUS!

Student Initials:

Date

DEPARTMENTAL APPROVAL

Adviser

Date

Department Chair / Program Coordinator

Date

FINAL CLEARANCE AND APPROVAL

Candidacy form submitted Checked Cr left after Exam _____

GP Coordinator: _____

Date

Dean, School of Education

Date