

**APPLICATION FOR COMPREHENSIVE EXAMINATION  
Masters Degree**

FirstName: <input style="width: 95%;" type="text"/>	LastName: <input style="width: 95%;" type="text"/>
E-mail: <input style="width: 95%;" type="text"/>	ID#: <input style="width: 95%;" type="text"/>
Address <input style="width: 95%;" type="text"/>	Degree: <input style="width: 95%;" type="text"/>
City <input style="width: 15%;" type="text"/> State <input style="width: 5%;" type="text"/> Zip Code <input style="width: 25%;" type="text"/>	Major Area: <input style="width: 95%;" type="text"/>
Country <input style="width: 95%;" type="text"/>	Bulletin <input style="width: 95%;" type="text"/>
Telephone: <input style="width: 95%;" type="text"/>	Anticipated Graduation Date: <input style="width: 20%;" type="text"/>

**NOTICE:** You must apply for advancement to degree candidacy to request comprehensive examination.

Semester you wish to take the Exam _____  How many credits will you take that semester? _____  have left to take <u>after</u> that semester? _____  need to complete with a DG's _____	Indicate how you wish to take your examination:  <input type="checkbox"/> Handwritten (Graduate Programs supplies paper, pens/pencils)  <input type="checkbox"/> Computer: You must be computer literate and know Microsoft Word (Graduate Programs will supply the computer)
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**REMEMBER THIS APPLICATION CAN ONLY BE APPROVED IF YOU ARE ON REGULAR STATUS!**

Signature: \_\_\_\_\_ Date:

**DEPARTMENTAL APPROVAL**

_____ Major Advisor	Date _____
_____ Cognate Advisor (if applicable)	Date _____
_____ Department Chair / Program Coordinator	Date _____

**FINAL CLEARANCE AND APPROVAL**

Candidacy form submitted  Checked  Cr left after Exam \_\_\_\_\_

\_\_\_\_\_  
GP Coordinator

\_\_\_\_\_  
Dean, School of Education \_\_\_\_\_  
Date