

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"/>		
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.

<p>Semester you wish to take the Exam _____</p> <p>How many credits of work will you</p> <p>1. take that semester? _____</p> <p>2. have left to take <u>after</u> that semester? _____</p> <p>3. need to complete with a DG's _____</p>	<p>Indicate how you wish to take your examination:</p> <p><input type="checkbox"/> Handwritten (Graduate Programs supplies paper, pens/pencils)</p> <p><input type="checkbox"/> Computer You must be computer literate and know Microsoft Word (Graduate Programs will supply the computer)</p>
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REMEMBER THIS APPLICATION CAN ONLY BE APPROVED IF YOU ARE ON REGULAR STATUS!

Student's Initials Date

DEPARTMENTAL APPROVAL

_____ Major Advisor	Date <input type="text"/>
_____ Department Chair / Program Coordinator	Date <input type="text"/>

FINAL CLEARANCE AND APPROVAL

Candidacy form submitted Checked Cr left after Exam _____

GP Coordinator: _____
Date

Dean, School of Education
Date