

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	Date _____

FINAL CLEARANCE AND APPROVAL

Candidacy form submitted Checked Cr left after Exam _____

Graduate Records Officer

Dean, College of Education & International Services

Date