OFFICE OF GRADUATE STUDIES & RESEARCH
Comprehensive Examination Application
For Ph.D. or Ed.D. Programs

REQUEST TO TAKE COMPREHENSIVE EXAM - Please Print

Name: ____________________________  Date: ____________________________
Address: ____________________________  T#: ____________________________
City/State: ____________________________  Zip: ____________________________
Year Admitted: ____________________________  Degree Sought: ____________________________
Major Dept: ____________________________  Conc: ____________________________
Semester and Year of Exam: ____________________________

Email Address: (Print clearly) ____________________________  Phone #: ____________________________

Eligibility Requirements: (1) Passed Qualifying Exams – Attach a copy of the notification letter, (2) Approved Program of Study – Attach a copy signed by the graduate Dean, (3) GPA – 3.00 or higher with no incomplete grades and no “C” grades, (4) Completed all core courses, (5) Completed 75% of major courses and 75% of elective courses, (6) Appropriate signatures below.

Area (Check one)

Curriculum and Instruction
Curriculum Planning
Elementary Education
Reading
Secondary Education

Educational Administration
K-12 Administration
Higher Ed. Administration

Psychology
Counseling Psychology
School Psychology

Applicant Signature ____________________________ Date ____________________________
Advisor Signature ____________________________ Date ____________________________
Department Head Signature ____________________________ Date ____________________________
College Dean ____________________________ Date ____________________________

EXAMINATION RESULTS

☐ Pass  ☐ Fail  ☐ No Show

Department Head ____________________________ Date ____________________________
College Dean ____________________________ Date ____________________________
Graduate Dean ____________________________ Date ____________________________

RECOMMENDATION

Student permitted to retake exam  Next Exam Date ____________________________

☐ Student dismissed from program

Department Head Signature ____________________________ Date ____________________________