



OFFICE OF GRADUATE STUDIES & RESEARCH
Comprehensive Examination Application
For Master or Specialist Degree Programs

Note: This form should be filed with the Office of Graduate Studies & Research in the same semester the student files application to graduate. Check with major advisor for filing deadlines.

REQUEST TO TAKE COMP EXAM

Name: _____ Date: _____
Address: _____ SSN: _____
City/State _____ Zip: _____
Catalog Year: _____ Degree: _____
Major _____ Conc: _____
Date of Examination* _____ Intended Graduation Date _____
* To be arranged by Department

Student's Signature _____

_____ Date

Recommended by:

Approved by:

Advisor _____ Date _____

Dean of Graduate School _____ Date _____

Dept. Head _____ Date _____

Dean of College/School _____ Date _____

EXAMINATION RESULTS

HIGH PASS _____
PASS _____
FAIL _____

RECOMMENDATION

Student permitted to retake exam _____ Next Exam Date _____
Student dismissed from program _____

Examiners Signature _____

_____ Date