

OFFICE OF GRADUATE STUDIES & RESEARCH
Comprehensive Examination Application
For Master 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 COMPREHENSIVE EXAM - Please Print

Name: _____ Date: _____
Address: _____ SSN: _____
City/State: _____ Zip: _____
Catalog Year: _____ Degree: _____
Major: _____ Concentration: _____
Date of Examination: _____ Intended Graduation Date: _____
Phone #: _____

Student's Signature _____ Date _____

Email address required (Please print clearly) _____

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 _____ NO SHOW _____

RECOMMENDATION

Student permitted to retake exam _____ Next Exam Date _____

Student dismissed from program _____

Department Head Signature _____

Date _____