



Exam # _____

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 COMPREHENSIVE EXAM - Please Print

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

Student's Signature _____ Date _____
Recommended by: _____
Advisor _____ Date _____
Dept. Head _____ Date _____
Dean of College/School _____ Date _____

Email address required (Please print clearly) _____
Approved by: _____
Dean of Graduate School _____ Date _____

EXAMINATION RESULTS

[] Pass [] Fail [] No Show

Department Head Signature _____ Date _____ College Dean _____ Date _____

RECOMMENDATION

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

Department Head Signature _____ Date _____