



Comprehensive Examination Application
For Ph.D. or Ed.D. Programs

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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 \_\_\_\_\_

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EXAMINATION RESULTS

[ ] Pass [ ] Fail [ ] No Show

Department Head \_\_\_\_\_ Date \_\_\_\_\_

College Dean \_\_\_\_\_ Date \_\_\_\_\_

Graduate Dean \_\_\_\_\_ Date \_\_\_\_\_

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RECOMMENDATION

Student permitted to retake exam \_\_\_\_\_ Next Exam Date \_\_\_\_\_

Student dismissed from program \_\_\_\_\_

Department Head Signature \_\_\_\_\_

Date \_\_\_\_\_