



Examinee # _____

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, Address, City/State, Catalog Year, Major, Date of Examination, Date, ID #, ZIP, Degree, Concentration, 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