

COMPREHENSIVE EXAMINATION APPLICATION

Submit to the Graduate Coordinator by October 1st, March 1st, or July 1st
of the semester of graduation

Name: _____ Date: _____

Mailing address: _____ Home Phone: _____

_____ Cell Phone: _____

_____ Student ID#: _____

Do you have a degree plan on file? _____ Yes _____ No

Committee Chairperson: _____

List your committee members (please print names):

Date of Comprehensive Exam: _____

Attach a copy of a current degree plan with this application.

This form is not an official request until signed by the applicant.

Student Signature: _____ Date: _____

Chairperson Signature: _____ Date: _____