



GRADUATE STUDIES

APPLICATION FOR COMPREHENSIVE EXAMINATION

This form should be completed by the student, the student's Chairperson and Program Director, and then forwarded to the Graduate Studies Office by the deadline date posted in the Academic Calendar. Students should also consult with their Program Directors for any additional information they may need regarding the comprehensive examinations in their specific programs.

TO BE COMPLETED BY STUDENT:

Student ID _____

Name _____
First Middle Last

Email Address _____

Mailing Address _____

Graduate Program Please Select One: _____

Student's Signature _____ Date _____

TO BE COMPLETED BY STUDENT'S PROGRAM DIRECTOR AND CHAIRPERSON:

Examination Date _____

Examination Time _____

Examination Location _____

*G.P.A. _____ Is this a re-examination? ☐ Yes ☐ No

Semester Hours (including current registration) _____

Program Director's Signature _____ Date _____

Chairperson's Signature _____ Date _____

**Students must have a minimum GPA of 3.00 to be eligible to sit for the Comprehensive Examination.*

PLEASE FORWARD TO OFFICE OF GRADUATE STUDIES, 2ND FLOOR, KENNEDY HALL