

# COMPREHENSIVE EXAMINATION APPLICATION

Submit to the Graduate Coordinator by October 1<sup>st</sup>, March 1<sup>st</sup>, or July 1<sup>st</sup>  
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: \_\_\_\_\_