**APPLICATION FOR COMPREHENSIVE EXAMINATION**

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major Field: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Degree Sought: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor/Cognate: \_\_\_\_\_\_

Foreign Language Required:

Indicate whether [ ✓ ] First [ ] Second Examination.

Date of Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_

Place of Examination:

Written Examination: Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Oral Examination: \_\_\_\_✓**\_**\_\_\_\_\_\_\_\_\_\_\_Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommending Approval:

## **Members of the Graduate Advisory Committee (GAC)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Member Member

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Chairman, GAC

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verified: Approved:

\_\_

*Head, Distance Education Programs Office* *Dean, Graduate School*

\* This application should be filed at OGS at least two (2) weeks before date of examination.

\* Attachments to this application form:

* Qualifying Examination - Certification of Grades from the University Registrar
* Comprehensive Examination - Plan of Course Work with Grades certified by the Univ.

Registrar

**Distribution of copies**: *Graduate School, Registrar, Major Department, Graduate Student*