I, ____________________________________________________, hereby make application for the master’s comprehensive examination during (check one):

☐ Fall Semester 2____ (First Saturday in December; form due by October 1st.)
☐ Spring Semester 2____ (Fourth Saturday in April; form due by March 1st.)
☐ Summer Session 2____ (Fifth Thursday of the Session; form due 1st week of the session.)

Will you be completing your comprehensive examination in a written format or will you be using a computer? ___ Written ___ Computer

At the conclusion of the current semester, I will have completed _________ credits for my master’s degree in ______________________________________________________.

Written Comprehensive Examination
Who Will Write Comprehensive Questions

___________________________________
Advisor (see note below)

___________________________________
Member

___________________________________
Member (if needed)

Oral Comprehensive Examination Committee
(For those completing a thesis)

___________________________________
Thesis Advisor

___________________________________
Member

___________________________________
Member

___________________________________
Member

Student Name: _______________________________________________
Address: ____________________________________________________

_________________________________________________
Phone Numbers: Home (____)______________ Work (____)______________

Computer ID Number: ________________________________

Email address(es): ________________________________

Advisor’s Approval: ________________________________

Date: ________________________________

NOTE: advisor always serves as chair of your written comprehensive examination committee, but may or may not write questions. A minimum of two people must submit questions.

Revised 02/15/12