

SCHOOL OF EDUCATION

COMPREHENSIVE EXAMINATION

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

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.