COMPREHENSIVE EXAMINATION APPLICATION

Submit to the Graduate Coordinator by October 1st, March 1st, or July 1st 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 sign	ned by the applicant.	
Student Signature:	Date:	
Chairperson Signature:	Date:	