COMPREHENSIVE EXAMINATION APPLICATION

Submit to the Graduate Coordinator by October 1 st , March 1 st , or Jul	y 1 st
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 n	ames):	
Date of Comprehensive Exam:		
Attach a copy of a current degree plan with the	nis application.	
This form is not an official request until signed	ed by the applicant.	
Student Signature:	Date:	
Chairperson Signature:	Date:	