

**DOCTORAL COMPREHENSIVE EXAMINATIONS**

Student: _____	Student ID# _____
Address: _____	Major: _____
Address: _____	Degree: _____
	Beginning Date _____
	of Comp Exams: _____

**PART I. Student Application to Take Comprehensive Examination**

*(To be signed by the student and submitted to the Committee Chair(Major Advisor), Graduate Program Director and Department Chair for approval)*

I hereby apply to take comprehensive examinations

_____ Student Signature	_____ Date
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**PART II. Department/Program Approval:**

*(Sign and submit form to the Graduate School at least 21 calendar days prior to the Scheduled Beginning Date of Comprehensive Examinations)*

The Department/Program approves of the student's eligibility to take the comprehensive exams.

_____ Committee Chair (Major Advisor)	_____ Date
_____ Graduate Program Director	_____ Date
_____ Department Chair	_____ Date

**PART III. Graduate School Verification**

*(To be completed by The Graduate School and sent to Committee Chair and the Graduate Program Director)*

To Committee Chair (major advisor): \_\_\_\_\_

To Graduate Program Director: \_\_\_\_\_

The Graduate School hereby certifies that they have checked the records of the applicant and find him/her eligible to take the doctoral comprehensive examination. Once approved by the Graduate School, the Committee Chair will arrange for the examinations and notify all committee members and the applicant of the examination schedule.

_____ Graduate School Dean	_____ Date
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**PART IV. Notification of Results of the Doctoral Comprehensive Examination**

*(To be completed by the examination committee and the results reported to the Graduate Program Director and Department Chair for final approval)*

<u>Examination Area(s)</u>	<u>Date</u>	<u>Pass</u>	<u>Fail</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**PART V. SUMMARY RECOMMENDATION**

This section must be completed and returned to The Graduate School within 25 school days after completion of the examination, regardless of whether the student has passed or failed the examination.

Pass

Fail

\_\_\_\_\_  
Graduate Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

**PART VI. Reviewed & Recorded by the Graduate School**

Graduate School Dean	Date

Revised 4/21/08  
Approved by Graduate Committee

*Copies of completed document sent to: Student, Advisory Committee, Graduate Program Director, and Department Chair*