

**DOCTORAL COMPREHENSIVE EXAMINATIONS**

Student:	Student ID#	
Address:	Major:	
City, State, Zip:	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

**PART II. Department/Program Approval:**

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

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

\_\_\_\_\_  
 Committee Chair (Major Advisor)

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

**PART III. School of Graduate Studies Verification**

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

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

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

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

\_\_\_\_\_  
 School of Graduate Studies Dean

\_\_\_\_\_  
 Date

**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"/>

**PART V. SUMMARY RECOMMENDATION**

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

**Pass**

Department Graduate Director	Date
Department Chair	Date

<i>Reviewed &amp; Recorded by the School of Graduate Studies</i>
School of Graduate Studies Dean

**Fail** (Comprehensive examinations which are failed may be repeated once.)

**Date of Exam Re-take:** \_\_\_\_\_

**Approved:**

Committee Chair	Date	Department Chair	Date
Department Graduate Director	Date	School of Graduate Studies Dean	Date

**RETURN TO THE SCHOOL OF GRADUATE STUDIES.** Once signed by the Dean, the original will be returned to the Department Graduate Director and Chair, who will report the pass/fail (Part VI) before returning to the School of Graduate Studies.

**PART VI. RESULTS OF EXAM RE-TAKE**

<b>Results of Exam Re-take</b>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	Department Graduate Director	Date
Department Chair	Date	

<i>Reviewed &amp; Recorded by the School of Graduate Studies</i>
School of Graduate Studies Dean / Date