

**COUNSELING, HIGHER EDUCATION & SPECIAL EDUCATION
APPLICATION FOR GRADUATE EXAMINATION**

EXAMINATION DATE: _____ **RETURN BY :** _____

Student UID _____ Email: _____

Last Name _____ First Name _____

Address _____
Street City State Zip

Phone No. _____ Your Advisor's Name _____
Home Cell

Program _____ Area of Concentration _____

Please check the examination you will be taking

- Doctoral Phase I (Higher Ed only)
- M.A. (thesis)
- Doctoral Comprehensive
- M.A. or M.Ed. (non-thesis)

**NOTE: If you are taking the doctoral comprehensive exam,
a doctoral program form must be on file in Student Services before taking the exam.**

CHECK ALL THAT APPLY:

- I wish to take my exam in the computer lab on the departmentally reserved date (as noted above). Check all that apply: Morning session (3 hrs) ____ Afternoon session (3 hrs) ____

NOTE: Your Department will be allotting computers on a first-come, first-serve basis, and will provide you with additional policies and procedures.

- I am handwriting my exam on the above date
- I will be taking all or part of my exam as a "take-home" exam
Indicate number of hours: _____

STUDENT _____ **DATE** _____

ADVISOR SIGNATURE _____ **DATE** _____

DEPARTMENT USE ONLY:

Date Received: _____ Time Received: _____ Person Received By: _____

Notes: _____