

Department of Teaching and Learning, Policy and Leadership
Application for Graduate Comprehensive Examination

ALL EXAMS ARE BY ARRANGEMENT WITH YOUR FACULTY ADVISOR.
COMPLETED APPLICATIONS SHOULD BE SUBMITTED TO YOUR ADVISOR WHEN YOU COMPLETE YOUR EXAM. YOUR
ADVISOR SHOULD COMPLETE THE RESULTS SECTION AND RETURN IT TO JOY JONES IN THE EDCI OFFICE.

Date _____

Name _____ University ID Number _____

Address _____
Street City State Zip

Phone No. _____ Email _____
Home Cell

EDCI Program _____ Is this a certification Program? ____ Yes ___ No

Advisor: _____ Admit Semester: _____

Please check the examination you will be taking below:

Doctoral (*An approved doctoral program must be on file in the Office of Student Services prior to taking your comps*)

M.A. or M.Ed. (non-thesis) M.A. (thesis) A.G.S.

Is this a retake Exam? ____ Yes ___ No If yes, # of previous attempts _____ Hrs. of retake ___

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DEPARTMENT USE ONLY: RESULTS OF EXAMINATION

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Date Exam Completed _____

Reviewer #1 _____ Result _____

Reviewer #2 _____ Result _____

Reviewer #3 _____ Result _____

Overall Exam Results:

- | | |
|--|--|
| <input type="checkbox"/> High Pass | <input type="checkbox"/> Fail |
| <input type="checkbox"/> Pass | <input type="checkbox"/> Pass after petition |
| <input type="checkbox"/> Pass after revision/2 nd attempt | <input type="checkbox"/> Fail after petition |

ADVISOR SIGNATURE _____ DATE _____