



COMPREHENSIVE EXAMINATION APPLICATION

Only completed forms will be processed

I wish to apply for permission to take the Comprehensive Examination in partial fulfillment of the requirements for my stated degree program. I acknowledge that I am applying to take this exam in the semester in which I plan to complete all degree requirements.

_____					_____
Name					HU ID Number
_____					_____
Current address (street, city, state and zip code)					E-mail Address
_____					_____
Major Field (and concentration , if any)					Telephone Number
Degree:	M.A.	M.S.	Ph.D.	D.P.T.	_____
					Catalog Year
					<i>(Readmitted students, please refer to the academic catalog)</i>

Fall Spring Summer

Semester and year of which the comprehensive exam is to be taken Year

This will be my 1st 2nd (3rd attempt must be approved by the Graduate Council)

If you are attempting to take the exam for a third and final time, you must attach a petition addressed to The Graduate Council to this application.

Answer the following questions:

- | | | |
|---|-----|----|
| 1. I have been admitted to candidacy for degree completion. | YES | NO |
| 2. I have cleared all incomplete (I) grades other than approved exceptions. | YES | NO |
| 3. I have not earned more than eight (8) credit hours below the grade of "B." | YES | NO |
| 4. I will be taking the exam during my final semester. | YES | NO |
| 5. My cumulative grade point average is: _____. | | |
| 6. I have attached my most recent unofficial HUNet transcript. | YES | NO |

_____	_____	_____	_____
Student's Signature	Date	Program Coordinator's Signature	Date

_____	_____	_____	_____
Department Chair's Signature	Date	Academic Deans' Signature	Date

****Once your comprehensive application has been approved, you are then eligible to register for your program's comprehensive examination course.***

For Office Use Only

_____ Approved Denied

Graduate College Dean's Signature Date

Reason for denial:
