

# COMPREHENSIVE EXAMINATION REQUEST



Revised: 02/05

Department of Educational Administration and Policy Studies  
School of Education

General information of the student

<b>Student Name</b>			
<b>Student Number</b>		<b>Advisor</b>	
<b>Address</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Phone (Home)</b>	( )	<b>Phone (Work)</b>	( )
<b>Email</b>			

Please indicate if you will be bringing your own laptop:

Yes       No

If yes, please bring a extension cord at least 6-8'.

Please indicate if you will be using a faculty member's

Office \_\_\_\_\_ (indicate the name of the faculty member)

Computer     Yes     No

I wish to take the following Ph.D. comprehensive examinations in the coming fall / spring semester (circle your choice, and check the department of the dates)

Date:

\_\_\_\_\_ Organizational Leadership (Part I)  
 \_\_\_\_\_ Social Analysis (Part II)  
 \_\_\_\_\_ Concentration (Part III)

*Please check the area of your concentration if you will take Part III:*

\_\_\_\_\_ Higher Education  
 \_\_\_\_\_ School Administration  
 \_\_\_\_\_ Educational Policy

**Please note:**

- All three examinations (Parts I - III) are to be taken on consecutive weeks if you are taking comprehensive examinations for the first time.***
- This form should be filed with the department secretary by December 1<sup>st</sup> for spring semester and July 1<sup>st</sup> for fall semester.***
- Bring a disk for each part of the exam you are taking.***
- Please make a copy for your records before submitting.***

Signature, Advisor

Date

The advisor's signature means only that the advisor is aware of the student's intention to take the comprehensive exam and not necessarily that the advisor agrees with the student's decision.