

COMPREHENSIVE EXAMINATION REQUEST



Revised: 02/05

Department of Educational Administration and Policy Studies
School of Education

General information of the student

Student Name			
Student Number		Advisor	
Address			
City		State	Zip
Phone (Home)	()	Phone (Work)	()
Email			

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 1st for spring semester and July 1st 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.