

## APPLICATION FOR COMPREHENSIVE EXAMINATION

First Name		Last Name	
		ID#:	
Address		Degree	
City	State	Major Area	
	<u> </u>	Date	
NOTIO	CE: You must apply for advancement to degree cand	idacy to request o	comprehensive examination.
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	_	- ·	
	L	Computer	
R	EMEMBER THIS APPLICATION CAN ONLY BE APPR	ROVED IF YOU A	RE ON REGULAR STATUS!
Stude	nt Initials:		Date
DEPART	MENTAL APPROVAL		
	Advisor		Date
	Adviser		Data
	Department Chair		Date
FINAL C	CLEARANCE AND APPROVAL		
	Candidacy form submitted Checked	Cr left after Exam_	
	CEIS Dean's Office:		
			Date
	Dean, College of Education & International Services		Data