



Department Of Instruction and Curriculum Leadership
College of Education

COMPREHENSIVE EXAM REQUEST

Expected Date of Graduation

SPRING _____

SUMMER _____

FALL _____

Area

ICL Program Area _____

Educational Research _____

Name

Social Security Number

Home Address

City

State

Zip

Place of Employment

Present Job Title

Work Address

City

State

Zip

CERTIFICATION OF COMPLETION OF PROGRAM OF STUDIES

I hereby certify that:

- I have satisfactorily passed all core courses work in my entire program of studies and fulfilled all the requirements specified in the graduate catalog, including having a current graduate GPA of 3.0 or more.
- I am now currently enrolled in courses which fulfill all requirements above and now have a graduate GPA of 3.0 or more.

Student Signature

Date

Please put the name of your advisor in the space below:

ADVISOR _____