

Application Form for Comprehensive Exams

Department of Health and Kinesiology

Student Name: _____ Student ID: _____

Date: _____

Year/Term to take the exams:

Year _____ Spring _____ Fall _____ Summer _____

Information of professors for giving Comps questions:

1) Name: _____ For the class of _____

Instructor's Signature: _____

2) Name: _____ For the class of _____

Instructor's Signature: _____

3) Name: _____ For the class of _____

Instructor's Signature: _____

Check the following if applicable:

Registered for EDU 6961 Comprehensive Exam, if taking no other course _____

Presently in good academic standing (3.0 or better) _____

Have completed all 4 core courses _____

Copy of signed degree plan attached _____

Completed a removal of conditions form _____

Signature of student _____

Date _____

Signature of advisor _____

Date _____