ACAD-HISTORY-T

Student ID #: R_____________________

COMPREHENSIVE EXAM APPLICATION

Student Name ________________________________

Address: _______________________________________

State/Zip____________________________ Phone Number ________________________________

I am applying for the Comprehensive Examination to be given on:

Date: ________________________________

In (circle one) Chemistry Education History Nursing Theology

I understand the provisions of the Graduate Studies Catalog and the Department’s instructions regarding this examination.

My concentration within my field will be ______________________________________________________

_____________________________________________  ________________________________
Student Signature  Date

Mail this form to: The University of Scranton
Graduate and Continuing Education Services
800 Linden Street - O’Hara Hall 210
Scranton, PA 18510-4632
or Fax to 570-941-7621

Do not write below this line

Results: If the Comprehensive Examination is given in more than one part, report each part separately.

Part I ______________________________  Part IV ______________________________

Part II ______________________________  Part V ______________________________

Part III ______________________________  Part VI ______________________________

Date ________________________________

Mentor ______________________________

Comment of readers: ________________________________________________________________

Department Chair