APPLICATION FOR COMPREHENSIVE EXAMINATION

Student Name ________________________________  Student ID  R ______________

Address: ____________________________________________________________

City/State/Zip ________________________________  Telephone No. ______________

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 ____________________________

______________________________

Signature

Mail this form to The University of Scranton, College of Graduate and Continuing Education,
Office of Student Services and Advising, 800 Linden Street, 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

October 2009