

THE UNIVERSITY OF  
**SCRANTON**  
A JESUIT UNIVERSITY

**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**

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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