**APPLICATION FOR COMPREHENSIVE EXAMINATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Sought: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foreign Language Required: None

Indicate whether [ ✓ ] First [ ] Second Examination.

Date of Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_

Place of Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Written Examination: \_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Oral Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommending Approval:

**Members of the Graduate Advisory Committee (GAC)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N/A

*Member Member Member*

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

*Chairman, GAC*

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verified: Approved:

\_\_ CATHERINE C. ARRADAZA\_\_ \_\_ANABELLA B. TULIN\_\_\_

 *Secretary, Graduate School* *Dean, Graduate School*

\* This application should be filed at OGS at least two (2) weeks before date of examination.

\* Attachments to this application form:

* Qualifying Examination - Certification of Grades From the University Registrar
* Comprehensive Examination - Plan of Course Work with Grades certified by the Univ.

 Registrar

**Distribution of copies**: *Graduate School, Registrar, Major Department, Graduate Student*

**\* Indicate N/A or NONE for fields not applicable**