

COMPREHENSIVE EXAMINATION APPLICATION

Only completed forms will be processed

I wish to apply for permission to take the Comprehensive Examination in partial fulfillment of the requirements for my stated degree program. I acknowledge that I am applying to take this exam in the semester in which I plan to complete all degree requirements.

Name		HU ID Number E-mail Address			
Current address (street, city, state and zi					
Major Field (and concentration , if any)		Telephone Number			
Degree: M.A. M.S	S. Ph.D.	D.P.T.	Catalog Year (Readmitted students, pleas	 se refer to the	academic catalog)
Fall □ Spring □ Sun	nmer 🔲				
Semester and year of which the compreh	nensive exam is to be	taken Year	r		
This will be my 1 st 2 nd (3 rd attempt m	ust be approved by th	e Graduate Council)		
 I have been admitted to candidacy for degree completion. I have cleared all incomplete (I) grades other than approved exceptions. I have not earned more than eight (8) credit hours below the grade of "B." I will be taking the exam during my final semester My time to degree completion will not be expired during my exam term (4 years Masters/7 years Ph.D.) My cumulative grade point average is: 				Yes Yes Yes Yes Yes	No No No No
 I have attached my most recent unofficial HUNet transcript. 				Yes	No
Student's Signature	Date Program Coordinator's Signature			Date	
Department Chair's Signature Date		Academic Dea	Academic Deans' Signature Date		Date
*Once your comprehensive application examination course.	has been approved,	you are then eligible	to register for your progr	am's comp	rehensive
	For	Office Use Only			
Hampton University Online Director's	Signature	 Dat	Approved Deni e □ □	ed	
Reason for denial:					_

Revised 05/19/2022