

## 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		
Current address (street, city		E-mail Address				
Major Field (and concentra	ation, if any)	-	Telephone Number			
Degree: M.A.	M.S.	Ph.D.	D.P.T.	Catalog Year (Readmitted students, plea.	se refer to the	academic catalog
Fall Spring	Summer [					
Semester and year of which	the comprehensive ex	am is to be taken	Yea	r		
This will be my 1st	$2^{\mathrm{nd}}$ ( 3	rd attampt must ha	annroyed by th	e Graduate Council)		
<ol> <li>I have been admitted to candidacy for degree completion.</li> <li>I have cleared all incomplete (I) grades other than approved exceptions.</li> <li>I have not earned more than eight (8) credit hours below the grade of "B."</li> <li>I will be taking the exam during my final semester</li> <li>My time to degree completion will not be expired during my exam term (4 years Masters/7 years Ph.D.)</li> <li>My cumulative grade point average is:</li> <li>I have attached my most recent unofficial HUNet transcript.</li> </ol>					Yes Yes Yes Yes	No No No No
7. Thave alla	ioned my most recen		et transcript.		163	140
Student's Signature Date			Program Coordinator's Signature			Date
Department Chair's Signature Date			Academic Deans' Signature			Date
*Once your comprehensive examination course.	e application has been			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						_