

**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 School Catalog and the Department's instructions regarding this examination.

My concentration within my field will be _____

Signature

Mail this form to Office of Student Services and Advising, College of Graduate and Continuing Education, The University of Scranton, Scranton, PA 18510-4632 or fax it to 570-941-5995.

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