

**SCRANTON EDUCATION ONLINE PROGRAM
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 Saturday, November 18, 2006 in _____ Curriculum & Instruction _____ Educational Administration.

I understand the provisions of the Graduate School Catalog (p. 19) and the Department's instructions regarding this examination.

Signature

Mail this form to College of Graduate and Continuing Education, The University of Scranton, Scranton, PA 18510-4632 or fax it to the Office of Online and Off Campus Programs, at 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 II _____
Part III _____

Research _____

Date _____

Mentor _____

Comment of readers:

Department Chair