



Department of Criminal Justice and Criminology

Application to Sit for Comprehensive Examinations

This Form Must Be Completed when You Register to Graduate

[This Form Is Only Good for the Semester for which It Is Completed. Print or Type Legibly]

Name: Last First Middle/Maiden Student No

Street Address Place the Year in Front of the Semester You Wish to Take the Comprehensive Examinations.

City State Zip - Fall Spring Summer* * Comprehensives Are Generally not Given in the Summer Due to Faculty Availability.

Phone Number Work Phone Cell Phone

Email Address Minor (if applicable)

Hours Completed: Criminal Justice Minor Approved Electives 600 Level Core

Hours in Progress: Criminal Justice Minor Approved Electives 600 Level Core

Current Graduate GPA: Do you have any Incompletes Yes No

Expected Date of Graduation Month Year

By signing below, you agree to be a committee member for the above Non-Thesis student, to write and evaluate questions as necessary for Comprehensive Written Examinations, and to serve on the Oral Examination Committee.

Committee Chair Signature

Committee Member Signature

Committee Member Signature

Written Examination Date: Tentative Oral Examination Date:

It is my understanding that these dates are tentative. I must keep in contact with the Graduate Director and Committee Members during the semester to insure that these dates have not changed. I will contact the Graduate Director for sample questions and will contact each of my committee members before Comprehensive Examinations for study information. I must have each of my committee members sign this sheet and return the original to the Graduate Director.

Student's Signature Date

Graduate Director's Signature Date