

Comprehensive Examination: Request for Approval

Complete the top portion, sign it, and obtain your Academic Advisor's signature. The Advisor will secure remaining signatures. Once the Dean has given his approval, the form is forwarded to the STRS examination coordinator. Forms must be *completed* at least *one month* before the proposed test date.

Student Name: _____ Student ID: _____

Daytime Phone: _____ Email: _____

Academic Area: _____ Advisor: _____

The above student is requesting permission to schedule the following comprehensive exam:

M.A. Ph.D. STL STB

If approved, this exam will take place on the following dates:

| | |
|---------------------|--------|
| Day 1: _____ | _____ |
| (Subject/Exam Area) | (Date) |
| Day 2: _____ | _____ |
| (Subject/Exam Area) | (Date) |
| Day 3: _____ | _____ |
| (Subject/Exam Area) | (Date) |

All exams will begin at either 9:30 or 10:00 am unless special arrangements have been made with the exam coordinator. Most exams have set times. All have set durations. Please check with your Advisor or Academic Area Director to determine the time and duration of your exam.

Is this date outside the scheduled dates for exam listed on the academic calendar? Yes No

Examination will be taken by: Computer Blue Book

Faculty member responsible for creating exam questions: _____

Faculty member responsible for coordinating exam grading: _____

Forms will not be accepted unless the faculty responsible for creating and coordinating exams is filled in.

Requested by:

Student Signature Date

Approved by:

Student Academic Advisor Signature Date

Approved by:

Academic Area Director Signature Date

Approved by:

Dean, School of Theology and Religious Studies Date

Approved by (if the date falls outside of the academic calendar):

Vice Provost and Dean of Graduate Studies Date