

Graduate Studies Office
College of Business Administration

REQUEST FOR WRITTEN COMPREHENSIVE EXAMINATION - MAJOR

Name: _____ Major Field: _____
Email address: _____ ID# _____

I request that a Ph.D. Comprehensive Examination be given in the area of _____
during the _____ semester, 20_____.

This examination is satisfaction of my **MAJOR** requirements in the Ph.D. in Business program. I have **completed** the following courses to prepare for this examination. (Courses as listed on my Program of Study)
This form **MAY NOT** be submitted with any incomplete grades. If submitted while taking a course listed, that course must receive a grade at the end of the semester when grades are posted. If no grade is earned the right to take this comprehensive exam is terminated and I will need to submit a new request form when a grade is posted.

<u>Dept.</u>	<u>Number</u>	<u>Title</u>	<u>Instructor</u>	<u>Sem/Yr</u>	<u>Grade</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Student signature: _____ Date: _____

Approved: _____ Date: _____
Major Field Coordinator

Approved: _____ Date: _____
Director of Ph.D. Programs in Business

Submit this form to the Graduate Business Services Office by:

June 30 for Fall test date.
November 30 for Spring test date.

TEST DATES:
RESEARCH, MINOR, MAJOR:
- 1 Week Prior to Spring and Fall Semesters

IMPORTANT NOTE: TO INSURE THAT YOU ARE SCHEDULED TO TAKE A COMPREHENSIVE EXAM, PLEASE CONFIRM WITH THE GRADUATE BUSINESS SERVICES OFFICE TWO WEEKS PRIOR TO TEST DATE. CHECK WITH THE MAJOR FIELD COORDINATOR IN EACH DEPARTMENT FOR DETAILS ABOUT EXAM (Number of Questions, Time Limits, What you will be allowed to use, etc.)