

THE GRADUATE SCHOOL
 Southern University and A&M College
 Baton Rouge, Louisiana

REQUEST FOR COMPREHENSIVE EXAM
 For Masters students enrolled in Non-Thesis Option

NOTE: The student must complete a minimum of 80% of the required course work for the approved Plan of Study before submitting their request to schedule the comprehensive exam.

Name: _____ Banner ID #: _____

Department: _____ Major: _____

The Department/Program of _____ requests approval for the above-named student to take the comprehensive exam to complete a non-thesis degree in _____ . The examination will be administered on

(date) _____

at _____ a.m. p.m.

in Building _____

Room Number _____ .

TYPE OF COMPREHENSIVE EXAM TO BE ADMINISTERED		
WRITTEN	ORAL	WRITTEN & ORAL

Date of initial admission into the current degree program: _____
(Semester) (Year)

Aticipated Graduation Date: _____
(Semester) (Year)

APPROVALS:

Date
 Advisor

Date
 Department/Program Chair

Date
 Dean of the College/School

Date
 Dean of The Graduate School