

REQUEST FOR COMPREHENSIVE EXAMINATIONS

DATE : _____
NAME : _____
DEGREE : _____
STUDENT NO: _____

I would like to request that comprehensive examinations in the following areas be administered to me:

Subject Areas

Examiners
(to be filled out by the curricular head)

1. _____
2. _____
3. _____
4. _____

I have completed the requirements in preparation for the examinations.
Thank you.

Student's Signature

Endorsed by:

Department Curricular Head

Department Graduate Committee Head/
Committee Members

Department Chair

To be completed by the GSO Staff:

Student Record Language Exam Date _____
Form 5 Qualifying Exam Date _____