APPLICATION FOR: COMPREHENSIVE EXAMINATION (EE 5960)

Date: _________________________ Class # ___________________________ Section # _________________________

Term: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year: ____________________________

Last Name: ____________________ First Name: ____________________ CIN: ____________________

Address: ________________________________________________________________

City/State: ______________________________ Zip Code: ______________________________

Telephone: (Home) ____________ Business: ______________ Email: _________________

1. Comprehensive Examination Committee Members
   • Chairperson of Committee __________________________ Date __________________________
   • Faculty __________________________ Date __________________________
   • Faculty __________________________ Date __________________________

3. a. List of topics to be covered by the comprehensive examination, if applicable.

   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

4. Approved: __________________________________________ Date __________________________
   Department Chairman

Note*** The Comprehensive Examination may be taken only two (2) times and in your last Term in attendance.

Form: GS-12