Comprehensive Examination Application

MSE 5960 (0 units)

Semester Year

# Student Information

**Last Name**: **First Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CIN**

**Phone** **Email**

**Date of Advancement to Candidacy**: **Term:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ **Year:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Courses Taken for MS Program (4000 and 5000-Level)**

Please include all 4000 and 5000-level courses that you have taken or plan to take for your MS degree. If you plan to take a course, list the term you plan to take it and leave the Grade field blank.

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| **Course Subject/#** | **Term:** | **Grade:** |
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# Approval

Program Director Date

Rev 10-2021