

<p>ALABAMA A&M UNIVERSITY School of Graduate Studies Normal, Alabama 35762</p> <p style="text-align: right;">P.O.Box 998 Telephone (256) 372-5266</p>

APPLICATION FOR COMPREHENSIVE EXAMINATION

Name (Type or Print Firmly): _____

(First) (Middle) (Last)

Mailing Address: _____

(Street) (City) (State) (Zip)

Telephone #: _____ Fax #: _____ E-Mail: _____

M () F () Stu. #: _____ Degree Program: _____

Please check the semester you wish to take the Comprehensive Examination.

DATE: _____ FALL _____ SPRING _____ SUMMER _____

DIRECTIONS: The following are a list of requirements that must be met in order to be eligible for the comprehensive examination.

1. Has your Planned Degree Program been completed by your advisor and on the file in the Graduate Office?
Yes _____ No _____
2. Have you met the English Competency Requirements?
GRE _____ GRE & ENG500 _____ GMAT _____ GMAT&ENG500 _____
3. Have you completed all your deficiency courses?
Yes _____ No _____ N/A _____
4. Have you completed 24 semester hours of graduate course work? (not including current semester)
Yes _____ No _____
5. Do you have any incomplete grade(s)?
Yes _____ No _____

GRADUATE OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____

GPA _____ HRS.COMP _____ Not Eligible Because _____

ELIGIBLE _____

Signature of Graduate School Official