



APPLICATION FOR COMPREHENSIVE EXAM

Date Application Filed: _____

Date Planning to Take Exam: _____

Name: _____

Student ID Number: _____

Address: _____

City: _____

State: _____

ZIP code: _____

CONTACT INFORMATION

Telephone: _____ CSU Email: _____

Graduate Program in which applicant is enrolled and Area of Specialization:

- Addictions Counseling, M.S. Specialty: N/A
- Adult and Continuing Education, M.S. Specialty: _____
- Criminal Justice and Law Enforcement, M.S. Specialty: _____
- Curriculum and Instruction, M.Ed. Specialty: _____
- Master of Arts in Teaching Specialty: _____
- Master of Science in Nursing, M.S. Specialty: N/A
- Rehabilitation Counseling, M.Ed. Specialty: N/A
- Special Education, M.Ed. Specialty: N/A

Graduate Hours completed at Coppin: _____

List course[s] being taken this semester: _____

Required or elective courses to be completed after this semester: _____

Student's Signature: _____

DO NOT WRITE BELOW THIS LINE	FOR OFFICE USE ONLY
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Advisor _____ Date: _____

Graduate Program Coordinator _____ Date: _____

Department Chair _____ Date: _____

Dean of Graduate Studies _____ Date: _____