



## Doctoral Comprehensive Exam Request

**Submit this completed form, along with a hard copy of a current advising guide and an approved Program of Study to your dissertation chair at least six weeks prior to the exam. Please keep a copy for your records. All students taking the Doctoral Comprehensive Exams must complete this form to be properly registered for the exam.**

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CANDIDATE NAME/KSU ID

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DEGREE PROGRAM

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STREET, CITY, ZIP CODE

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SEMESTER/YEAR EXPECTED TO COMPLETE ED.D.

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EMAIL

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PHONE

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\_\_\_\_ Attach a copy of your signed Program of Study that includes copies of any course substitutions, transfers, and waivers with this form.

\_\_\_\_ Make certain that any courses transferred into KSU have been recorded on your advising guide. If transferred credits are not recorded on your advising guide, please notify your Program Coordinator.

\_\_\_\_ Make certain that any incomplete "I" grades have been completed and that a Change of Grade has been recorded by the professor(s).

\_\_\_\_ Please indicate when you plan to take the Doctoral Comprehensive Exam: \_\_\_\_\_  
SEMESTER/YEAR

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CANDIDATE SIGNATURE

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PRINT NAME

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DATE

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DISSERTATION CHAIR SIGNATURE

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PRINT NAME

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DATE

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PROGRAM COORDINATOR SIGNATURE

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PRINT NAME

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DATE

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DEPARTMENT CHAIR SIGNATURE

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PRINT NAME

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DATE