



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 four 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.

CANDIDATE NAME/KSU ID

DEGREE PROGRAM

STREET, CITY, ZIP CODE

SEMESTER/YEAR EXPECTED TO COMPLETE ED.D.

EMAIL

PHONE

____ 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

CANDIDATE SIGNATURE

PRINT NAME

DATE

DISSERTATION CHAIR SIGNATURE

PRINT NAME

DATE

PROGRAM COORDINATOR SIGNATURE

PRINT NAME

DATE

DEPARTMENT CHAIR SIGNATURE

PRINT NAME

DATE