

COUNSELING, HIGHER EDUCATION & SPECIAL EDUCATION  
APPLICATION FOR GRADUATE EXAMINATION

EXAMINATION DATE: \_\_\_\_\_ RETURN BY: \_\_\_\_\_

Student UID \_\_\_\_\_ Email: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone No. \_\_\_\_\_ Your Advisor's Name \_\_\_\_\_  
Home Cell

Program \_\_\_\_\_ Area of Concentration \_\_\_\_\_

Please check the examination you will be taking

Doctoral Phase I (Higher Ed only)

M.A. (thesis)

Doctoral Comprehensive

M.A. or M.Ed. (non-thesis)

NOTE: If you are taking the doctoral comprehensive exam,  
a doctoral program form must be on file in Student Services before taking the exam.

CHECK ALL THAT APPLY:

I wish to take my exam in the computer lab on the departmentally reserved date (as noted above). Check all that apply: Morning session (3 hrs) \_\_\_ Afternoon session (3 hrs) \_\_\_

NOTE: Your Department will be allotting computers on a first-come, first-serve basis, and will provide you with additional policies and procedures.

I am handwriting my exam on the above date

I will be taking all or part of my exam as a "take-home" exam  
Indicate number of hours: \_\_\_\_\_

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

ADVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT USE ONLY:

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Person Received By: \_\_\_\_\_

Notes: \_\_\_\_\_