Office of Graduate Studies

Comprehensive Examination Committee Form

It is the responsibility of the graduate student to initiate the examination process (to include getting the signatures of Comprehensive Examination Committee members) and to complete the *Comprehensive Examination Form.*

Name: _____SID#:_____

Address: _____
Street City State Zip

Phone: _____E-mail: _____

Degree Seeking: _____
(Include emphasis)

_____ _____
Advisor/Chairman's Name (Please print) Date Advisor/Chairman's Signature

_____ _____
Departmental Member's Name (Please print) Date Departmental Member's Signature

_____ _____
Faculty Member's Name (Please print) Date Faculty Member's Signature

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I am going to take the Comprehensive Examination:

☐20___ Fall Semester
☐20___ Spring Semester
☐20___ Summer Semester

I intend to graduate:

☐20___ Fall Semester
☐20___ Spring Semester
☐20___ Summer Semester

☐ I would like to reserve a computer. ☐ I would not like to reserve a computer

_____
Student Signature Date

Please return this form to:

Graduate Studies/Lincoln University
116 STH, 820 Chestnut Street
Jefferson City, Missouri 65101
573/681-5247 or FAX: 573/681-5106