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		State		Zip	
Phone:	E-mail:				
Degree Seeking:(Include empha	asis)				
Advisor/Chairman's Name (Please print)	hairman'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 S	Signature		
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 Spring Semester □20 Spring Semester □20 Summer Semester					
Student Signature			I	Date	

Please return this form to:

Graduate and Extended Studies Lincoln University 206 YH, 820 Chestnut Street Jefferson City, Missouri 65101 email:gradschool@lincolnu.edu