

**CANDIDACY FOR THE DEGREE OF MASTER OF _____
PLAN II – COMPREHENSIVE EXAM PLAN**

INSTRUCTIONS TO APPLICANT: Please fill in both pages of the application form, secure appropriate departmental approvals, and file the form with Graduate Studies. Please consult Graduate Studies and your graduate program for filing deadlines.

LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID#
ADDRESS	CITY	STATE/ZIP CODE	TELEPHONE NUMBER
DEG SEQ #	MAJOR FOR THE MASTER'S DEGREE		E-MAIL ADDRESS
All requirements including comprehensive exam to be completed by: <i>Circle One</i>			
June 20 _____			
September 20 _____			
Decemeber 20 _____			
March 20 _____			

Signature of applicant: _____	Date: _____
-------------------------------	-------------

DEPARTMENTAL APPROVALS:	
Graduate Adviser: _____ <small>(Please sign and PRINT name)</small>	Date: _____

GRADUATE STUDIES USE <u>ONLY</u>:	
Reg/Filing Fee: _____	Full Time: _____
G.P.A. _____	Qtrs/Res _____
Matriculation _____	Degree Conferred _____
Deficiencies _____	Comprehensive Exam Date: _____
Approved: _____	
Dean of Graduate Studies	Date

