

**APPLICATION FOR COMPREHENSIVE EXAMINATION**

**NORTHERN CARIBBEAN UNIVERSITY**  
**College of Graduate Education & Leadership**  
Department of Graduate Studies in Education

**Name:** \_\_\_\_\_  
Last First

**ID:** \_\_\_\_\_

**PhD/MA**  
**Mailing Address:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Area:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Cognate:** (if applicable) \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Degree:**  MA  PhD

1. Semester you wish to take the Exam: \_\_\_\_\_
2. How many credits of course work will you
  - i. take that semester? \_\_\_\_\_
  - ii. have left to take after that semester? \_\_\_\_\_

**NOTICE**  
Application to be filed and approved the semester prior to scheduled date for the comprehensive exam.

3. Indicate how you wish to take your examination:
  - Handwritten (College of Graduate Education and Leadership supplies paper, pens/pencils)
  - Computer: **You must be computer literate and know how to use a given word processing programme.**(College of Graduate Education and Leadership will supply the computer, programs, disks)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Approval**

\_\_\_\_\_  
Major Adviser Date \_\_\_\_\_

\_\_\_\_\_  
Cognate Adviser (if applicable) Date \_\_\_\_\_

\_\_\_\_\_  
Department Chair/Program Coordinator Date \_\_\_\_\_

**FINAL CLEARANCE AND APPROVAL** Candidacy Form Submitted  Checked

Credits left after Exam \_\_\_\_\_

GSED Secretary \_\_\_\_\_

\_\_\_\_\_  
Dean, College of Graduate Education and Leadership Date \_\_\_\_\_

**Original:** Records Office **Copies:** Student Adviser, GSED Files