

# Comprehensive examination application

Date: \_\_\_\_\_ Eagle ID: \_\_\_\_\_

Name: \_\_\_\_\_

• ddress: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail address we should send Exam to: \_\_\_\_\_

Alternate/Backup E-mail address: \_\_\_\_\_

Fax Number (if applicable): \_\_\_\_\_

Where will you be taking the exam?:

On Campus

Off Campus

What type of computer will you use:

Macintosh

IBM

Preferred Computer Software:

Student Request for Comprehensive Exam Committee Members:

Chairperson: \_\_\_\_\_

Written \_\_\_\_\_