EXAMINATION DATE:
RETURN TO CHSE, ROOM 3214 BY:

University ID ___________________________ Email: ________________________________________________

Last Name _____________________________ First Name ____________________________________________

Address ____________________________________________________________ Street ____________

City _____________________________ State _________ Zip ________________________________

Phone No. _____________________________ ____________________ Your Advisor’s Name ____________________________

Home _____________________________ Work __________________________________________

Program _____________________________ Area of Concentration ________________________________

NOTE: If you are taking the doctoral comps, and you were admitted Fall 1992 or thereafter, a doctoral program form must be on file in Student Services before taking the exam.

CHECK ALL THAT APPLY:

☐ I wish to take my exam in the computer lab on the departmentally reserved date (as noted above). Indicate number of hours: _____ am _____pm

NOTE: Your Department will be allotting computers on a first-come, first-serve basis, and will provide you with additional policies and procedures. Check hardware preference below:

☐ PC OR ☐ MAC but ☐ COMFORTABLE WITH BOTH

☐ I am handwriting my exam on the above date

☐ I will be taking all or part of my exam as a “take-home” exam

Indicate number of hours: _______

STUDENT ____________________________ DATE_________________

ADVISOR SIGNATURE ____________________________ DATE_________________

DEPARTMENT USE ONLY:

Date Received: __________________ Time Received: _______________ Person Received By: __________________

Notes: _______________________________________________________________________________________________