

**COUNSELING, HIGHER EDUCATION & SPECIAL EDUCATION
APPLICATION FOR HIGHER EDUCATION GRADUATE EXAMINATIONS
MASTERS AND DOCTORAL EXAMS**

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: _____