

HSS COMPREHENSIVE EXAMINATION APPLICATION

TO Department of HSS Graduate Coordinator

FROM _____
Chair, Examining Committee

RE Comprehensive Exan for (print or type the following information)

Student's Full Name _____

SSN _____

Major _____

Area of Concentration _____

A final comprehensive examination has been scheduled for the above student as follows:

Date _____

Time _____

Place _____

What type of examination is to be administered? (Check one)

Written

Oral

Chair, Examination Committee (print/type)

Signature

Committee Member (print/type)

Signature

Committee Member (print/type)

Signature

Instructions to Student:

Complete this form, attach a completed copy of Master's Degree candidacy Form available online at <http://www.people.memphis.edu/~gradsch.forms1.html> Obtain committee signatures, duplicate 3 copies, and submit one to the Department of HSS Graduate Coordinator, one to examination committee chair, and retain one copy for your files.