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 _____

_____