



REQUEST FOR PERMISSION TO TAKE THE MASTER'S EXAMINATION

1. REQUEST:

I hereby request permission to take the Master's Comprehensive Examination for the

_____ (Title of degree program)

_____ (Date)

I certify that I am registered for at least one credit hour during the semester in which the examination will be given.

Signature of Student

Name typed or printed

Social Security number

2. APPROVAL:

Chair/Advisor

(Date)

Committee Members:

(Date)

(Date)

(Date)

(Date)

Graduate Program Director

(Date)

ORIGINAL: Graduate Program Director
Copy: Student
Chair/Advisor
Master's Examination Committee Members