

Application to Schedule a Comprehensive Examination
Graduate School, Howard University, Washington, DC 20059

Student's Name _____

Department _____

Degree Sought Ph.D.

Date of this request _____

Proposed examination date(s) _____

Student's signature _____

Advisor's approval _____

Director of Graduate Study's approval _____

Result of examination

Pass Fail

Director of Graduate Study signature _____

Date _____

**Howard University
Department of Political Science**

APPLICATION FOR COMPREHENSIVE EXAMINATION(S)

I, _____ apply for approval to take the final comprehensive examination(s) in partial fulfillment of requirements for the M.A. degree, Ph.D. degree, during the Spring 20 ____, Fall 20 ____ examination period in the field(s) indicated below:

Field		Courses Taken	Grade
1.			
_____	_____	_____	_____
Field Chairperson	Date	_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____

Field		Courses Taken	Grade
2.			
_____	_____	_____	_____
Field Chairperson	Date	_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____

Field		Courses Taken	Grade
3.			
_____	_____	_____	_____
Field Chairperson	Date	_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____

Field		Courses Taken	Grade
4.			
_____	_____	_____	_____
Minor Field, Ph.D. Students Only		_____	_____
		_____	_____

I received a copy of the "Rules and Regulations Governing Comprehensive Examinations in the Political Science Department, Adopted September 23, 1982, Revised October 2001."

Student's Signature ID#

Address and Phone No.

FOR OFFICE USE ONLY

Student Cumulative GPA _____	Students Current Registration Status _____
Approval Granted _____ Date _____	Expository Writing Exam _____
Approval Denied _____	_____ Student Advisor
_____ Graduate Program Director Date	