Revised 8/18/2026

Ed.D. Curriculum and Instruction
Comprehensive Examinations
Application/Approval Form

Form 4

Applicants must have completed coursework in the approved program of study and have their Major Professor's consent to apply and qualify to take the examinations. Student should submit this form to the Program Coordinator during the registration period for the semester/quarter that the examination is requested.

NOTE: **Approval signatures are required on SECTION B AFTER oral examinations are successfully completed**.

_____
Last Name First Middle

_____
Street Address

_____
City State Zip

_____
Phone (best contact) Email

CWID Number: _____

I herewith request scheduling of my Comprehensive Examination during ___ Select one ____, term 20_____.

_____
Student Signature Date

SECTION A: Schedule Proposed by Major Professor (Return schedule to Program Director)

_____
Major Professor Signature Date

	Date	Time	Location
A. Written Examination	_____	_____	_____
B. Oral Examination	_____	_____	_____

SECTION B: Completion of Written and Oral Comprehensive Exams

NOTE: Signatures below indicate completion of both written and oral examinations.

Printed Name	Department	Signature	Date
_____ Major Professor	_____	_____	_____
_____ Committee Member	_____	_____	_____
_____ Committee Member	_____	_____	_____
_____ Committee Member	_____	_____	_____

SECTION C: Results/Approval of Comprehensive Examinations **(after oral examination):** [ ] Pass [ ] Fail

_____ _____
Program Director (*Signature*) Date

_____ _____
Graduate School (*Signature*) Date