REGISTRATION FOR DOCTORAL COMPREHENSIVE EXAMINATION

Date of Comprehensive Examination (circle one): Fall Spring Year: 20____

Date of Registration: _____

W&M ID #: 930_____ E-mail:_____

Name:_____
Last First Middle

Address: _____
Street

_____
City State Zip

Phone: (_____)_____ (_____)_____
Work Home

Degree: _____ Program & Emphasis: _____

(Please check if applicable):

( ) A "Comprehensive/Doctoral Committee Approval Form" has been submitted to the Office of Academic Programs. *(Note: The "Comprehensive/Doctoral Committee Approval Form" must be on file in the Office of Academic Programs at least two weeks prior to the written comprehensive examination date.)*

****

PLEASE NOTE: A student is considered eligible to take the doctoral comprehensive examination during or immediately following the final semester of required course work OR within six hours of completion of the courses listed on the program of studies, excluding dissertation hours. Completion of ED 663, ED 664, and ED 665 is recommended prior to the semester in which the comprehensive examination is taken.

I am eligible to take the exam. The student is eligible to take the exam.

_____ _____

Signature of Student Date Signature of Comprehensive/ Doctoral Committee Chair Date

****

Will you be using a computer? (circle one) YES NO
If so, please refer to the attached policy regarding use of computers.

NOTE: STUDENTS MAY NOT KEEP A COPY OF THEIR QUESTIONS OR ANSWERS ON DISK OR ON THEIR COMPUTER. You must delete everything after printing and turning your exam in to the exam proctor. Failure to do this is a violation of the Honor Code.

****

Please submit this form to Gwendolyn Pearson, Jones 100, by the appropriate deadline -- please access

http://education.wm.edu/calendars/academic/index.php

6/08