



SCHOOL OF GRADUATE STUDIES
COMPREHENSIVE EXAM

(Plan B)

Form with fields: Name, Student Email, Academic Advisor, Major, CCSU ID, Phone, Degree (select one): MA, MS

PLEASE NOTE:

Requirements to sit for exam:
• 3.0 GPA
• completed 75% of the credits required on your planned program of study
The academic department will inform you of when and where it will be administered.
Deadlines for applying:
• Fall Semester –October 1.
• Spring Semester February 15.
When our office receives your exam results, a continuing registration fee will be applied if you are taking the exam in a semester when you have not registered for any academic courses. Payments must be received in order to receive your diploma.

I am a first-time comprehensive exam applicant taking the exam in the [ ] Fall [ ] Spring [ ] Summer \_\_\_\_ (year)
I am retaking the comprehensive exam for the [ ] first time [ ] second time in the [ ] Fall [ ] Spring [ ] Summer \_\_\_\_ (year)

Signatures:

Academic Advisor: \_\_\_\_\_ (required for all retake applicants)
Print Name: \_\_\_\_\_
Department Chair: \_\_\_\_\_ (required for all retake applicants)
Print Name: \_\_\_\_\_

School of Grad Studies: \_\_\_\_\_ (required for second retake applicants only)

School of Graduate Studies Use \_\_\_\_\_ Date of Receipt \_\_\_\_\_

[ ] Eligible
[ ] Missed deadline [ ] Does not have a 3.00 GPA [ ] does not have required credits [ ] other: \_\_\_\_\_

After results of the comprehensive examination are available, complete the section below and return to the Graduate School.

Examination date and location: \_\_\_\_\_

Faculty readers: \_\_\_\_\_

Results: [ ] Pass [ ] Withdrew [ ] No Show [ ] Fail

If fail, recommend: [ ] NO RE-TAKE [ ] RE-TAKE ENTIRE EXAM [ ] RE-TAKE PART(S) \_\_\_\_\_

Signature of Department Representative: \_\_\_\_\_ Date: \_\_\_\_\_
Print Name: \_\_\_\_\_

[ ] ACADEMIC DEPARTMENT HAS INFORMED STUDENT OF EXAMINATION RESULTS.