



Application for Master's Comprehensive Examination (Plan B)
Graduate School—Central Connecticut State University, PO Box 4010, New Britain CT 06050-4010

Name:	CCSU ID#:
Street:	Phone: (H) ()
City/St/Zip:	(W) ()
Country:	Email Address:
Student Signature:	Date:

Major:	Advisor:
---------------	-----------------

To the Student: Comprehensive examinations are offered only during regular (fall and spring) semesters of the academic year. Some departments may provide a summer examination, but permission for this must be obtained first from the department. Your academic department will tell you when and where the examination will be administered.

FOR FALL SEMESTER EXAMINATIONS, this form must be received by the Graduate School no later than October 1.

FOR SPRING SEMESTER EXAMINATIONS, this form must be received by the Graduate School no later than February 15.

You will be charged a \$40 Continuing Registration Fee if you take the comprehensive examination during a semester when you have not registered for any academic courses. Payment of this fee must be made to the University Bursar when it is added to your student account.

- I am a first-time comprehensive exam applicant, requesting to take the test during fall spring of _____ (year). I have a 3.00 GPA and have completed 75% of the credits in my planned program of study as follows:*
- (21-24 credits for a 30 credit program) (24-27 credits for a 33 credit program)
- (27 credits for a 36 credit program) (30-40 credits for programs exceeding 36 credits).

NOTE: If this application is submitted to the Graduate School **after** the filing deadlines of October 1 or February 15, the Department Chair's signature is also required. Signature _____ Date _____

- I am retaking the comprehensive examination for the first time second time because I failed part or all of the test OR did not take the exam as expected without providing an advance withdrawal notice to the academic department.*

I request a retake during the fall spring of _____ (year).

Retake approval signatures:

Academic Advisor: _____ (required for *all* retake applicants)

Department Chair: _____ (required for *all* retake applicants)

Graduate School Dean: _____ (required for *second retake* applicants only)

Academic Department Use

Date of Department Receipt _____

Eligible for examination: Yes No. *If no, state reason(s): missed deadline does not have 3.00 GPA does not have enough credits other: _____.* When not eligible, department must inform applicant and return copy to Graduate School.

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 WITHDRAWN NO SHOW FAIL.

If FAIL, recommend: NO RETAKE RETAKE ENTIRE EXAM RETAKE PART(S) _____

Signature of Department Representative: _____ Date: _____

ACADEMIC DEPARTMENT HAS INFORMED STUDENT OF EXAMINATION RESULTS.