

**APPLICATION FOR COMPREHENSIVE EXAMINATION
MASTER OF SCIENCE IN PHYSICAL EDUCATION**

The comprehensive examination for graduate students in this department will be given on _____.
If you plan to take the examination on this date, please complete this form and give it to your graduate advisor for approval and signature. The graduate student is responsible for meeting with their graduate advisor to make sure that the forms for program of study and committee have been completed.

Name: _____

MSU ID: _____

Mailing address following graduation: _____

Phone # and alternate phone #: _____

E-mail: _____

Note: *You are expected to take comp questions from classes you have already completed and not those you are presently enrolled in. Also, if you are pursuing a minor it is expected that at least one class chosen from the five courses will be from the minor sequence of classes.*

The five courses my advisor has approved for me to be tested on are:

- 1.
- 2.
- 3.
- 4.
- 5.

I am (will be) registered in the following courses at the time I take the comprehensive examination:

- 1.
- 2.
- 3.

The director of my thesis/special problem is: _____

The title of my thesis/special problem is: _____

I applied for graduation and paid the graduation fee for: (Place an "X" in the appropriate place)

Year 20 Fall Spring Summer _____

SIGNATURE & DATE OF ACADEMIC ADVISOR: _____