



Department of Health Science

COMPREHENSIVE EXAMINATION APPROVAL

Name _____ Date _____

SS # _____ Phone _____

Major Area of Study _____

Minor Area of Study _____

Comprehensive Examination Committee Members

Committee Chair Name _____

Written Exam Signature of Approval _____ Date _____

Oral Exam Signature of Approval _____ Date _____

Committee Member Name _____

Written Exam Signature of Approval _____ Date _____

Oral Exam Signature of Approval _____ Date _____

Committee Member Name _____

Written Exam Signature of Approval _____ Date _____

Oral Exam Signature of Approval _____ Date _____

The Comprehensive Examination must be completed by the end of the 13th week of the semester. The comprehensive Examination Committee Chair is responsible for directing both the written and oral portions of the Examination.